# Clinical Lectures ON DISEASES OF THE CHEST.

*Delivered at Charing-cross Hospital,*

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## LECTURE IV.

### ON PRESYSTOLIC MURMUR.

(*Concluded from page 567.*)

DOES mitral constriction always reveal itself by a murmur? This is a question that must be answered in the negative. Mitral constriction may undoubtedly exist without giving rise to any sound betraying its existence. Formerly it would have been said, indeed was said, that this was commonly the case. The reason of this I have already explained: the murmur was looked for at the wrong time, the diastole, and not being heard then was supposed not to exist at all; while the murmur that did exist was most likely put down as systolic, and assigned to the insufficiency, and not to the stenosis, of the valve. But irrespective of this non-recognition of a constrictive murmur when present, it is an undoubted fact, that great narrowing of the mitral valve may exist without giving rise to the characteristic presystolic murmur, in proof of which I may cite the following example:—

CASE 6.—Eliza A——, aged twenty-five, was admitted January 6th, with all the symptoms of advanced organic heart disease. Ten or eleven years ago she had rheumatic fever, but did not suffer from any heart symptoms until within the last year or so, when she noticed slight dyspnœa. In the first week in December she came as an out-patient to the hospital, complaining of dyspnœa and cough, with slight palpitation and occasional vomiting. On her admission, a month later, her condition is described as follows:—The patient's breathing is laborious and hurried, 48 per minute, and she is unable to lie down. Pulse weak and rapid, 128. She has spat a small quantity of blood for two or three days. Legs and body œdematous as high as the crest of the ilium.

*Physical examination.*—There is a distinctly audible systolic murmur, heard faintly both at base and apex, but loudest in the middle line at the lower end of the sternum, corresponding with the margin of the right ventricle; it indicates, therefore, most probably tricuspid regurgitation. There is no mitral bruit, but the first sound is not clear or natural. She got no rest day or night in consequence of waking up with a start the moment she fell asleep; she became rapidly worn out, and died five days after her admission. She continued to spit the blood up to her death. At the post-mortem examination the heart was found slightly enlarged, and the right ventricle considerably dilated, so that it entered as much into the formation of the apex as the left. The following changes were found to have taken place in the structure of the tricuspid valve:—*a.* The membranous portion was thickened, opaque, and leathery. *b.* The cordæ tendineæ were contracted and shortened from previous inflammation, one of them to such a degree that the columnæ carneæ were closely adherent to the edge of the curtain of the valve. *c.* Two of the three segments of the valve had become united together, so as to change the valve from a tricuspid into a bicuspid one. Here, then, was abundant cause for a tricuspid regurgitant murmur, such as was diagnosed during life. The damage on the left side of the heart was even more considerable; the mitral valve had become converted into a cartilaginous cone, formed by the union of the two thickened segments at their edges; the apex of the cone projected into the left ventricle, and the aperture at its summit would with difficulty admit the end of the little finger. There were patches of pulmonary apoplexy in various parts of the lungs, more in the front than at the back.

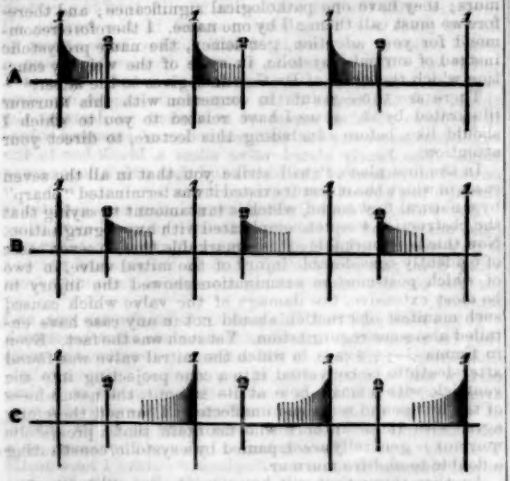
Here, then, was a case of extreme mitral constriction without any presystolic murmur. How is this to be explained? I am not sure that the murmur was not absent *because* the constriction *was* extreme. I have often been struck, when turning out a gaslight, when the gas is at high pressure, with the fact that, while turning it off to a certain degree gives rise to a hissing sound in the burner, all sound ceases if you turn it off still further, so as almost to put it out. You must have a certain freedom of escape, a certain volume of stream, to generate a sound. So it is, I think, with the heart: if the stoppage is almost complete it produces such an arrest of movement as destroys the conditions necessary for the production of sonorous vibrations. The nearly closed valve offers a blank bar to the onward movement of the blood, and that which does escape through has almost lost its momentum.

But while, no doubt, mitral constriction may sometimes exist unattended by its characteristic physical sign, there is no reason to think that it does so oftener than other valvular derangements, or that there is the smallest warrant for the old notion respecting its special immunity from murmur.

It has been said that this murmur is an obscure one, and that its recognition and identification are often beset with difficulties. I think it is the easiest to recognise, the most certain and unmistakable, of any cardiac murmur whatever; and for this simple reason—that it occurs at a time at which no other murmur occurs. In the case of a systolic murmur you may feel some doubt as to its nature. You may say: "Have I here a tricuspid murmur, or a mitral murmur in some way displaced? Have I here aortic constriction or mitral regurgitation?" But with the presystolic murmur you can never have such a doubt. It points to one thing, and one thing only: it can never indicate anything but mitral narrowing, and no other valve lesion can by any possibility give rise to it. Once satisfy yourself that the sound is presystolic in time, and the thing is settled. "But," it may be said, "that is the difficulty." I must say, myself, I have never found any such difficulty, except in cases in which the identification of any murmur would be difficult from extreme rapidity, irregularity, or confusion of the heart's action. Except in such cases, I think the pulse will always settle the question. You have but to put your finger on the wrist and ascertain that the sound occurs before, and just before, the arterial pulsation. That fact once ascertained leaves no alternative, and from it there is no appeal. And I think, too, that presystolic murmur is recognised with peculiar ease from the fact that nothing else is taking place in the heart at the time. It is not masked by any other sound, as systolic and diastolic murmurs often are; no natural heart-sound occurs at the same period. And even in those cases in which this murmur is not simple—in which the presystolic is immediately succeeded by a systolic murmur—I do not think there is any difficulty, not even if the two murmurs are, as Skoda affirms them under such circumstances to be, fused into one. If any portion of the murmur notably precedes the pulse, you know that that portion must be presystolic, and must indicate mitral constriction; and if any portion of it runs on into and even follows the pulse, then you know that that portion must be systolic, and must indicate the existence of insufficiency as well; but you are not the less sure about the presystolic nature of the first part of the murmur. I feel myself, therefore, quite unable to agree with those who attribute to presystolic murmur any peculiar obscurity; I should pronounce it the least liable to obscurity of any cardiac murmur.

Its distinctive character in relation to time is very well represented by a method adopted by Dr. Gairdner, of Glasgow, to convey to the mind diagramatically the relative periods of the different cardiac murmurs. Suppose the three horizontal lines in this diagram to represent, each of them, in length the time occupied by three beats of the heart, while the vertical mark the time of the first and second sound respectively. A would represent a systolic murmur (whether of aortic obstruction or mitral regurgitation) commencing at the first sound, and necessarily terminated at or before the second sound. B would represent a diastolic murmur (aortic regurgitation) commencing at the second sound, and extending thence through any period of the ventricular diastole. C would represent a presystolic murmur, coinciding with the auricular systole, commencing,

therefore, just before the ventricular systole, and suddenly terminated by it; ending, therefore, sharply in the first sound. The diagram shows you very well how a systolic murmur runs *from* the first sound, a diastolic *from* the second sound, and a presystolic *up to* the first sound,—supposing, that is, that these sounds are not abolished. If I wanted to represent the murmur of mitral regurgitation or aortic obstruction, I should do it by A; if that of aortic regurgitation, by B; if that of mitral narrowing, by C. You see how distinctive they are, and how completely, in point of time, the last differs from the other two. Can anything be clearer? I should strongly recommend you to read the admirable lecture of Dr. Gairdner from which I have taken this diagram; you will find it in the lecture which constitutes the eighteenth section of his work on Clinical Medicine.




This murmur, as I have already remarked in narrating the cases of Fanny B—— and Emma C——, is sometimes very much prolonged, commencing immediately at or after the second sound, and continuing all through the pause up to the next first sound. There is a very good example of this extreme prolongation of the murmur now in the hospital. The notes of the case in my case-book are as follows:—

CASE 7.—John M——, aged twenty-five, a spare, undersized, ill-nourished young man, by occupation a printer's assistant, was admitted, on the 3rd of August, suffering from shortness of breath. He is temperate, married, and has been very much overworked by working overtime. About seven years ago he had an attack of rheumatic fever, but was not aware that his chest was affected in any way; he had no pain in it, no palpitation, no dyspnœa; and when he recovered from the attack his breathing was as good as ever, and remained so for years. About two years ago, having had no rheumatism since his first attack, he began to experience shortness of breath on taking any violent exertion, together with a frequent hacking cough and the expectoration of blood. Soon after this occurred he had another attack of rheumatism, but much lighter than the first, not confining him to his bed. From the time that the dyspnœa first appeared he has never lost it, and during the last three months it has greatly and rapidly increased, so that now he can with difficulty walk upstairs. He has spat blood, off and on, up to three months ago—sometimes profusely, sometimes in small quantities; but for the last three months he has spat none. No orthopnœa; is able to sleep low at head, and on the left side; frequent long-drawn sighs, as if to relieve himself of some respiratory oppression; præcordial pain through to the left shoulder.

*Physical examination.*—Heart's impulse too visible and too heaving, but in the natural position; pulsations a little unequal both in strength and rhythm, with an occasional "drag." On applying the hand over the apex a distinct and very fine thrill is felt, preceding the impulse. On applying the stethoscope, a loud, grinding, and prolonged murmur, *occupying the whole of the pause, and running up to the first sound*, in which it culminates, and by which it is suddenly brought to a conclusion, is heard at the apex. Its commencement is almost if not quite coincident with the second sound, so that it occupies the whole interval between one second sound and the first sound succeeding it—that is, fully two-thirds of the cardiac interval (as you see represented in this diagram); in fact, on listening, the sound seems to be only momentarily suspended at the systole, to be again renewed immediately after. Though starting with the diastole, it becomes more intense just before the systole, and it is to this terminal portion of it that the thrill, perceptible by the hand, is confined. Its point of greatest loudness is restricted to the exact apex, and on leaving this in any direction the sound becomes fainter, and at a short distance is lost. At the base all is quiet and natural. No venous pulsation in the neck. Pulse on one occasion 56, on another 65; of fair volume. On making him walk round the ward, the thrill and the strength and roughness of the murmur are greatly increased, and urgent dyspnœa is produced.

There are two ways in which this extreme prolongation of a presystolic murmur, this occupation by it of the entire pause, may be explained; and which of these explanations we shall choose depends upon whether we consider the forcible expulsion of the blood by the contraction of the auricle necessary for its production. Undoubtedly, as a clinical fact, the sound is limited to the moment of the auricular systole in the great majority of cases, and is not heard during that time in which the blood is gently flowing through open auricle into open ventricle: it is when the passive state of the auricle is exchanged for its active contraction that the sound commences. Hence it has been called by some writers an "auricular-systolic" murmur, instead of presystolic, as expressing more exactly its nature and causation. But is it *necessary* that the blood should be driven through the orifice by the contraction of the auricle in order that the sound should be generated? Is its passive flow into the ventricle, prior to the contraction of the auricle, incapable of producing a sound? If *so*, then the auricular systole must be coextensive with the murmur, and we may measure the length of that systole by the length of the murmur. If this is the case, the contraction of the auricle must, in these cases of prolonged murmur, begin very early—must, in fact, date back from the very commencement of the ventricular diastole. Looking at the murmur as auricular-systolic, this is the explanation that the mind is, *primâ facie*, disposed to adopt. And we can easily understand why, in mitral constriction, the auricular systole should be unusually sustained: the auricle has to drive the blood through a straitened passage, through a passage through which it is difficult to force it, and it therefore takes a longer time and more sustained effort to empty itself. Moreover, it is probable that in mitral stenosis a larger amount of blood accumulates in the auricle from its being unable to pass freely into the ventricle during the period that both cavities are lying relaxed, so that when the auricle begins to contract it has more work to do, and therefore takes a longer time to do it in. This prolonged and sustained contraction of the auricle in mitral narrowing would be merely the same thing as we see taking place in the ventricle in cases of aortic narrowing. I have often observed in aortic constrictive disease that the interval between the first and second sound is greatly prolonged. Now the interval between the first and second sound necessarily measures the length of the systole; for its commencement causes the one, and its termination causes the other. In these cases of aortic narrowing, therefore, the contraction of the ventricle is excessively prolonged; and there can be no doubt that it is so for the reason that I have already suggested in the case of the auricle—from the inability, namely, of the cavity to empty itself in a shorter time through the

constricted orifice. I have not seen, that I know of, this prolongation of the ventricular systole in aortic narrowing insisted on in any work on the subject, but I am quite satisfied of its existence, and I have even thought that the amount of narrowing might be estimated by the degree to which the systole is lengthened out. All these considerations, then, would favour the view that prolonged presystolic murmur implies prolonged auricular contraction, and that we may date the commencement of the contraction from the commencement of the murmur.

The alternative explanation of prolonged presystolic murmur is that the sound is capable of being generated by the passive flow of blood into the ventricle during its diastole, prior to the contraction of the auricle. The chief argument in favour of *this* view is the difficulty one has in believing the other; for if the other view is correct, if the commencement of the murmur indicates the commencement of the auricular systole, then, in those cases in which the murmur commences at the moment of the second sound, the auricle must begin to contract at the moment the ventricle dilates. In such a case the auricles and ventricles would be, as they were formerly described, always in an opposite condition; the auricles would be in a state of contraction twice as long as in a state of relaxation, and there would be no period in which auricles and ventricles would be alike relaxed, and in which the blood would flow *through* the auricle into the ventricle; for when the auricle was dilated and receiving its blood, access to the ventricle would be shut off by the ventricular contraction, and as soon as the ventricle dilated the contraction of the auricle would prevent its receiving any more blood from the veins; all the blood therefore which it would deliver to the ventricle would be that which it received during the moment of the ventricular systole—a similar quantity to that which under ordinary circumstances it delivers into the ventricle as its last instalment, after the ventricle has been already passively filled, and which changes the condition of the ventricle from one of fulness to one of distension. This would imply so partial and imperfect a filling of the ventricle that I cannot accept it as probable (although undoubtedly possible), and I therefore incline to the view that in those cases in which presystolic murmur starts from the second sound, the first part of the murmur is generated by the passive flow of the blood into the ventricle prior to the contraction of the auricle, and that only the end of the murmur is due to the auricular systole. This view is favoured by the fact that just at its termination, immediately before the first sound, the murmur suddenly becomes more intense, this terminal portion being that which I believe is alone to be attributed to the auricular contraction.

What shall we call this murmur? Shall we, with most writers, call it presystolic, as I have done throughout this lecture? Or shall we, with Dr. Gairdner of Glasgow, prefer the name "auricular-systolic"? The name auricular-systolic is more strictly physiological, and has the advantage of pointing to the immediate agency of the sound, and of indicating exactly what is going on at the period of its production; it is also more strictly analogous with the nomenclature of other murmurs, which are called systolic and diastolic in relation to the state of the ventricle. But, on the whole, I prefer the name presystolic, and for this especial reason above all others—that it seizes on and fixes the one diagnostic point on which we must rely in identifying the murmur—the period, namely, at which it occurs; we know what the murmur is, and diagnose it from all other murmurs, simply because it is presystolic. Now there are scattered about the country numbers of practical auscultators who are not up to the latest refinements in cardiac physiology, and who would be in no way helped in diagnosing this murmur by being told that it is produced by the auricular systole, but who would recognise it in a moment if they knew that it always immediately preceded the first sound of the heart and the radial pulse. We must look at everything in a practical way, even our nomenclature; and I think that there is no quality in a name so good or so important as its being helpful to diagnosis. Moreover, there is this objection to the name "auricular-systolic"—that it would not be applicable to those cases of prolonged presystolic murmur in which, if I am correct, only the terminal portion of the murmur is due to the contraction of the auricle: the first part of the murmur in these cases has nothing to do with the auricular systole, and therefore the employment of the name would involve a fallacy; and yet it would be impossible (at any rate highly inconvenient) to call these cases of prolonged murmur by one name, and those in which the sound is strictly confined to the auricular systole by another: they are all mitral constrictive murmurs; they have one pathological significance; and therefore we must call them all by one name. I therefore recommend for your adoption, gentlemen, the name presystolic instead of auricular-systolic, in spite of the weighty sanction which the name of Dr. Gairdner gives to the latter.

There are three points in connexion with this murmur illustrated by the cases I have related to you to which I should like, before concluding this lecture, to direct your attention.

In the first place, it will strike you that in all the seven cases in which the murmur existed it was terminated "sharp" by a natural first sound, which is tantamount to saying that the obstruction was not complicated with any regurgitation. Now this is remarkable; it is remarkable that in seven cases of evidently considerable injury of the mitral valve, in two of which post-mortem examination showed the injury to be most extensive, the damage of the valve which caused such manifest obstruction should not in any case have entailed also some regurgitation. Yet such was the fact. Even in Emma C——'s case, in which the mitral valve was found after death to be converted into a cone projecting into the ventricle with a small hole at its summit, the naturalness of the first sound remained unaffected. I cannot, therefore, agree with those authors who maintain that a presystolic murmur is generally accompanied by a systolic, constituting a double to-and-fro murmur.

Another thing that will have struck you will be the frequent mention of a thrill, perceptible by the hand, accompanying the murmur. In four out of the eight cases there was notable thrill, and if my memory serves me, it was present also in two more in which it is not mentioned. Dr. Walshe says he does not remember ever to have observed cardiac thrill accompanying the murmur of mitral constriction. Weber, however, states that the murmur of mitral narrowing is, for the most part, decidedly rougher than a systolic one, and that the purring tremor sensible to the touch, or even sight, specially coexists with this murmur. Of these two authorities I decidedly agree with Weber.

A third point which my cases illustrate, and about which there is no difference of opinion, is that, of all valvular lesions, mitral constriction is the most productive of hæmoptysis—that is, the most productive of sudden and extreme mechanical congestion of the lungs; for it is, as you know, to congestive rupture of the pulmonary vessels that the hæmoptysis is due. In six out of the eight cases hæmoptysis is recorded. Now, I will undertake to say that you will not get hæmoptysis in six out of eight consecutive cases of any other valvular lesion. And we can easily understand why this should be so. In the first place, we can understand why mitral lesions should affect the pulmonary circulation more than aortic, because the lungs are guarded from the effects of aortic obstruction or regurgitation by the interposed mitral valve. And I think, too, we can understand why mitral constriction should tell back upon the pulmonary circulation more than mitral regurgitation. In mitral regurgitation the auricle *can* empty itself forwards when it contracts, whereas in mitral constriction it cannot; and, being unable to empty itself forwards, its contraction must result in an active and forcible regurgitation of its contents backwards upon the pulmonary veins. In mitral regurgitation there is the intervention of a chamber between the contracting cavity and the pulmonary circulation, whereas in mitral constriction there is no such intervention; in mitral regurgitation the blood is driven back into the relaxed auricle, whereas in mitral constriction it is driven back directly into the pulmonary vessels. And besides this, I think that such an amount of mitral contraction as we found in some of these cases must offer a positive obstruction to the lungs emptying themselves forwards much greater than the negative obstruction produced by almost any amount of mitral regurgitation.

Let me then, gentlemen, in conclusion, commend to your memories the following points, as the sum and substance of to-day's lecture:—

That mitral constriction has no special immunity from murmur.

That the murmur to which it gives rise is individual and characteristic.

That it differs from all other cardiac murmurs in the time at which it occurs—immediately before the first sound of the heart.

That it is, from this circumstance, peculiarly easy to identify.

That it is a very common murmur.

That it is accompanied by thrill and associated with hæmoptysis to a degree greater than any other murmur.

That it probably remained so long unrecognised partly from being confounded with systolic murmur, and partly from mitral constrictive murmur being supposed to occur at the diastole.

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# ON DEBILITY IN CHILDREN.

BY W. H. DAY, M.D.,

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IN the growth of scientific medicine new theories of disease, and new terms to denote them, are evoked, which gradually take root in the literature of our art, and become permanent and recognisable.

Some diseases formerly described were supposed to exist only in the mind of the discoverer, but time and honest labour have revealed their truth, and placed them on a solid foundation.

In medicine, as in philosophy, opinions vary and change with the natural progress of knowledge. When consistent and supported by facts they will attract attention, and by inviting scrutiny lead to practical results.

Under the head of debility in children, or constitutional depression, I shall enumerate a group of symptoms which are very commonly met with, especially among the out-patients of our hospitals. It is a condition sometimes the forerunner of disease, when the signs which characterise this altered health are lost in the disease which springs up. I think I am justified in attributing importance to this condition, under the title or designation of debility, for, promptly recognised, it assists us to attach significance and weight to the earliest indications of a departure from the normal standard of health.

By debility I mean functional impairment, atony, weakness, or preternatural slowness in the performance or working of the vital processes, leading, when neglected or overlooked, to debility (and it may be to structural change) in one or more of the great central organs of life, or in the tissues of the body. This may be considered by some as an involved addition and unnecessary refinement to our medical nomenclature; but debility or weakness, as commonly employed, is used to indicate symptoms attendant on various diseases, and has no isolated and individual recognition that seems to me commensurate with its importance.

We are all acquainted with the term debility, as expressive of a state in which general and uniform depression of the bodily powers takes place; but in dealing with it practically, we are apt to lose sight of the great principle of its occurrence, by searching for derangement in some particular organ, or looking for some expectant symptom on which to build a diagnosis. In so doing we drift away from the only point which ought to guide us to an interpretation, because pure debility should not possess any significant symptom.

When symptoms referable to one organ more than to another become apparent, we leave a general plan of treatment for that which is determined by the prevailing symptoms. When it has reached this stage or change, the debility I am attempting to describe has no longer an independent existence.

I claim for this a separate and special classification among the ailments of children, where debility is observed in its purest and unmasked form, before degenerative lesions are common, as in after-life, to account for failing strength, increasing debility, and structural alteration.

There are very well defined symptoms belonging to this state, alike in many instances, and varying in extent and character in others, the debility being a marked feature of the complaint throughout. There is powerlessness and lassitude of the whole system; every function may be said to have received a shock; a temporary pause in the uniform working of the bodily functions has taken place. The child does not usually complain of anything, but hangs and droops about, and ceases to take an interest in his amusements. The vivacity of childhood has departed; in some cases he has a shy and timid look, is afraid of your approach, and cries without provocation. In most cases there is neither discomfort nor pain; the bowels are said to be regular, but the evacuations are scanty from the small amount of food that is taken. On inquiry, we shall generally find that the bowels act sometimes every day, and sometimes once in two or three days. Among private patients, where there is no difficulty in testing the statement, I have been led to regard the latter period as the most common. The tongue is clean and moist; it may be pallid, but indicates no active disturbance. Very frequently there is a film on the tongue of a thin silvery whiteness, or the coating is thicker and yellowish; but the front of the tongue is never involved, the tip and sides showing a natural hue. Sometimes it presents a smooth and dusky aspect, as we might expect in a languid state of the circulation. The pulse is weak, small, and usually slow; sometimes it is rather accelerated, but this is owing to the agitation and nervous excitement so readily induced by the examination. The thermometer indicates no elevation in temperature. On the other hand, the skin often feels very cool, and the mother tells you that her child does not take sufficient exercise to keep him warm. He is often noticed to be lying across a chair or sofa in a passive state of indifference, dropping off into a calm, quiet, and prolonged sleep. It is the quiet sleep of fatigue, and not the restless sleep of exhaustion. If awakened, he readily falls off to sleep again, and is glad to go to bed early, when the same drowsy sleep returns and lasts till morning.

In April, 1869, a lady brought to me her little girl, four years of age, who was a very intelligent and pleasing child. I was left to find out her ailment as well as I could, her mother saying "She really did not know what was the matter with her, but she was certain she was not well." When a year old the child suffered from palpitation, and two years since she had whooping cough. She appeared quite well till seven or eight weeks ago, since which time she had been ailing in health. She was said to be "so very languid, and constantly yawning, and wishing to go to bed early in the day," and not caring for her meals. Her face flushed on being asked a question, and when a stethoscope was applied to her chest, she burst into a fit of tears, which her mother said was not natural to her. The tongue was faintly furred at the back, and the urine was rather high coloured; the lower eyelids were dark, and the expression languid, but no complaint whatever was made of pain; the bowels were said to be rather confined. I advised that the child should be tempted to take nourishment frequently, milk and eggs being given in the way that were most agreeable to her. She was not to suffer fatigue from running about, but to be driven in an open carriage when the weather was fine, or to be wheeled about the garden. Aperient medicine was strictly forbidden. Thirty minims of the syrup of compound phosphate of iron in two teaspoonsful of water were ordered three times a day. Improvement soon set in, and on the 12th of May she had nearly recovered her usual activity, the appetite had returned, the tongue was quite clean, and the bowels acted regularly every day.

A careful physical examination in these cases reveals nothing important about the chest or abdomen. The two most common attendant symptoms are headache and pain at the epigastrium, both being signs of debility in the brain and stomach respectively. So far as we can learn, the headache seems to be a heavy oppressive weight across the centre of the forehead, and it is very persistent, giving the child a dull and painful appearance. In many of these cases the aspect is desponding and inanimate, and the cheerful expression of childhood has vanished; the eyes are heavy and have a hollow look, but there is nothing approaching intolerance of light, nor squinting, as we observe in threatening cerebral disease, though it is not to be forgotten that the brain may be involved if these symptoms are allowed to go on without treatment. The pain in the stomach is of the same dull aching character, rather discomfort than actual pain, and is limited to the root of the ensiform cartilage, or its immediate vicinity. It is the uneasiness of slight gastralgia, or the gnawing sensation we

have all experienced when the stomach is empty, and we are waiting for a meal to appease it.

There may be aching of the limbs, muscular fatigue, and pain in the course of the spine.

There are no very striking symptoms which indicate this derangement in the health. It is to the totality of them we must look for a diagnosis. There is nothing, so to speak, that is apparent or tangible to any but the closest observer, and hence it is that a depraved state of health creeps on unnoticed, and is not discovered until some very prominent symptom arrests attention. The flame is kindled before the spark is seen, and time is lost in extinguishing it.

Such cases as these make us cautious in giving an opinion. In the absence of any discoverable disease, we are doubtful whether this unaccountable debility may not be the harbinger of ultimate mischief. Disease may be hidden, to come forth by-and-by. In the diseases of adult life, a cause is often discovered. Not so in the cases I am describing; the debility is uncomplicated, and it must be seen and treated before it has merged into actual disease.

These cases usually terminate well if promptly and skilfully treated; but a continuance of this condition may lead to protracted disease, and subsequently to death. For example, deficient nervous power, as shown by headache, may lead to cerebral exhaustion, and to coma and convulsions, in the same way that congestion and inflammation of the brain may terminate. Opposite states of the system, leading to the same consequences, but requiring a different mode of management.

The weak and enfeebled stomach of young children, causing instant rejection of food by vomiting, is often checked by a simple tonic medicine, and sympathy is so strong with the cerebral functions that, when the stomach has recovered its power, the brain is lulled into quietude. If it did not so yield to treatment, the symptoms would pass on and implicate the brain in the manner just described. To equalise all the forces of the body is the surest method of maintaining its efficient working. It is the loss in either that invites disease.

These cases of pure and simple debility, when neglected, cause chorea, epilepsy, convulsions, paralysis, &c., and finally lead to those changes in the blood which originate anæmia, tuberculosis, and every form of diathesis that lowers health and provokes disease.

Manchester-square, Sept. 1869.

## ON SOME OF THE ADVANTAGES OF TAPPING IN THE TREATMENT OF OVARIAN TUMOURS.*

BY GEORGE SOUTHAM, F.R.C.S. ENG.,
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IN recording the improvements in surgery during the nineteenth century, the future historian will no doubt ascribe to the present generation the merit of having established ovariotomy as a legitimate operation. As one of its earliest advocates (Cases of Ovariotomy: *London Medical Gazette*, 1843; *Provincial Medical Journal*, 1845; *Provincial Transactions*, 1847), I naturally feel a deep interest in its success; but when I consider the high rate of mortality still attending it—admitted by the most experienced operators to be nearly one in three cases, and that the disease which it is intended to eradicate rarely destroys life for several years—I must confess that a grave responsibility attaches to the surgeon who recommends its adoption, as long as more simple means will keep the growth of the tumour in check, and the patient's general health unimpaired.

Amongst these means, tapping appears to be the chief remedy; and believing that by its aid life may frequently be prolonged, and the success of ovariotomy not only not interfered with, but actually promoted, I beg to offer a few remarks on the advantages of this simple operation, which I trust may not be unacceptable to my professional brethren.

Medical literature supplies us with a few instances where tapping has sometimes arrested the disease for so long a time that it has almost been regarded in the light of a cure. Three examples, at least, of this kind have come under my own notice; and my experience leads me to think that in cases judiciously selected the operation, if carefully performed, may be more frequently successful than is generally supposed.

In 1843, Mrs. G——, of Salford, consulted me respecting the propriety of the extirpation of a tumour, from which she had been suffering about three years. She was then thirty-three years of age, married, and had four children, the youngest two years old. In company with the late Mr. Thomas Slack, her surgeon, I made a careful examination. We found her abdomen much distended, the swelling caused apparently by fluid. As the patient was in a feeble state of health, we decided upon tapping, and drew off twenty quarts of a clear fluid of low specific gravity. The operation was followed by some constitutional disturbance, but in three weeks she seemed to have completely recovered. About twelve months afterwards, the abdominal swelling returned, and at the end of two years from the former operation the distension was so large that we had again recourse to the tapping, and removed twenty-two quarts of fluid. Her recovery was most favourable. At the end of a fortnight, she was able to resume her domestic duties, and remained in a satisfactory state of health until 1864, a period of nineteen years. Since that time, however, the swelling has gradually returned, but so slowly as to occasion little or no inconvenience, until the last few months; and, though the abdomen is considerably enlarged, she feels at present no necessity for operative interference. She is now in her sixtieth year, and to all appearance in better health than when she first consulted me twenty-six years ago.

In 1843, I was requested by Dr. G. C. Watson, of Chester, to visit with him Miss S——, aged twenty-five, residing in Liverpool, who was suffering from an ovarian tumour, the removal of which two gentlemen, who had made this disease a specialty, had recommended. A careful examination convinced us that the tumour was a unilocular cyst; and, as the patient appeared in good health, we advised tapping. The operation was performed by Dr. Watson with a medium-sized trocar, and between five and six quarts of a semi-transparent viscid fluid removed. The patient's recovery was rapid and complete; and, at the end of five years, when I last heard of her, there had been no return of the disease; and Dr. Watson informs me that from that time he has had no reason to suppose that she has not remained perfectly well.

In July, 1867, Miss M——, aged twenty-five, asked my advice respecting an ovarian tumour that had been developing itself about three years, and which she had been urged to have removed. It appeared to consist mainly of fluid contained in a single cyst, and her health was not in the least impaired. I therefore recommended her to be tapped. Six quarts of clear, viscid fluid were removed. She speedily recovered, and, on a careful examination made only a short time ago, I could detect no return of the swelling.

Such favourable results as the above are only to be expected when the disease consists of one or perhaps two cysts; but, as a fair proportion of ovarian tumours assume this character, the possibility of recovery after tapping ought not to be overlooked in their treatment. It must, however, be admitted that the beneficial effects of the operation are frequently only temporary, and therefore it ought not to be undertaken if likely to hinder the successful performance of ovariotomy.

Fortunately, this evil result is not often to be apprehended; on the contrary, one or two tappings, especially when the cyst has obtained a considerable size, are usually succeeded by a marked improvement in the patient's health, and by a reduction of the original tumour, so that only a moderate incision through the abdominal parietes will be necessary for its extraction; both of which conditions are favourable to the success of the major operation.

Amongst the cases of ovariotomy that have come under my notice, several have been those of patients in comparatively good health, where the tumours were of recent formation, of moderate size, and free from adhesions, and the operation itself, therefore, of the simplest description; but

* Read in the Surgical Section at the annual meeting of the British Medical Association in Leeds, July, 1869.

the results have not been so satisfactory as in cases of longer standing, and of a more complicated character,—acute peritonitis being usually the cause of death in the former, shock and its consequences in the latter. The tendency of the peritoneum, therefore, to inflammatory action seems to diminish with the duration of the disease, probably on account of the continued friction of this membrane against the surface of the cyst diminishing its sensitiveness.

Accordingly, in the earlier stages of the disease, whether the tumour consisted of single or of multilocular cysts, it has for some time been my custom to advise a postponement of ovariotomy; tapping the tumour once or twice when it has become inconveniently large. Since adopting this plan, I have removed seven diseased ovaries, and in only one case was the operation fatal. Five of the patients had been tapped once, one twice, and one three times, the fatal case being among the first five. The recovery of those tapped only once was the most rapid, although in three of them the tumours were multilocular cysts. The two tapped more than once made favourable progress; but their complete restoration was not accomplished for several weeks, owing probably to the fluid in the cysts having become purulent after the second operation in one, and after the third in the other. Suppuration of the cyst I have not unfrequently found to be the consequence of repeated tappings; and, therefore, it is a matter of doubt whether the operation should be undertaken more than once or twice, as its repetition may diminish the chance of successful ovariotomy. The experience of Mr. Spencer Wells is also favourable to a preliminary tapping, for he found that, whilst the average mortality in 135 cases, where the patients had never been tapped, was 27·40 per cent., where the patients had been tapped once the mortality was only 25·64 per cent. (Proceedings of the Royal Medical and Chirurgical Society, 1869).

It is scarcely necessary to dwell on the advantages of tapping in clearing up any doubtful points in the diagnosis of abdominal tumours; for no one, I think, would resort to extirpation in such cases until he had first ascertained the nature and connexions of the disease, for which purpose tapping has not unfrequently been found most useful.

In offering these remarks on the tapping of ovarian cysts, I must not omit to notice the mode of performing the operation, especially as, when ovariotomy was in its infancy, I first called attention to the dangers which attended its performance (*London Medical Gazette*, 1843).

It was then the custom to use a full-sized trocar; the patient was seated on a chair, and, to ensure the complete expulsion of the contents of the cyst, the abdomen was compressed with towels by the operator's assistants. Additional force was also often applied by pressing the abdomen with the hands, whereby considerable violence was sometimes inflicted on the peritoneum and the contents of the abdomen, which, with the frequent entrance of air through the trocar into the cyst, often led either to inflammation of its walls or of the peritoneum.

The present mode of operation is comparatively free from these dangers. The patient is allowed to recline in bed or on a couch. A small-sized trocar with a stop-cock is employed, to which is attached a long piece of elastic tubing for conveying the fluid to a utensil placed near the patient, which tubing, when used on the principle of the syphon, as recommended by my colleague, Dr. Roberts, excludes all air from the cyst. The fluid, by this means, is removed very slowly, and thus faintness is prevented, whilst the gradual contraction of the cyst and abdominal parietes renders it unnecessary either to press the abdomen with bandages or with the hands, and the risk of peritoneal inflammation is lessened. By attending to these precautions, tapping, which was formerly often accompanied with considerable danger, has become one of the simplest and safest operations in surgery.

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STAFF-SURGEON J. N. DICK, R.N. (who was promoted to that rank for services in the Abyssinian campaign, though under fourteen years' service), has been appointed to Haslar Hospital for three years, *vice* J. Vaughan, whose period of service has expired. Staff-Surgeon Henry Piers, M.D., is removed from Melville Hospital to Chatham Dockyard, *vice* Staff Surgeon John King, who retires in consequence of ill health.

ON THE

# QUESTION OF MATERNITY HOSPITALS.

BY J. MATTHEWS DUNCAN, M.D.

TO BE, or not to be?—that is the question. It is now generally settled that they ought not to be. If I read current literature aright, the prevalent opinion is that, while medical and surgical hospitals are now on their trial, maternity hospitals are already condemned. The mortality of maternity hospitals is said to be so great that it is expedient, indeed absolutely necessary, to close them entirely. My object, in this brief paper, is to lay before my professional brethren some results of my study of this subject.

The Dublin accoucheurs have always enjoyed a very high reputation, and I observe, from the lengthy reports of the Obstetrical Society of that city, that they are almost unanimous in resisting the popular opinion regarding maternity hospitals. They wish their great lying-in hospital improved, not destroyed. They lament the frequent prevalence of puerperal fever in it, and wish new and additional means used to prevent it. They consider a well-managed maternity hospital to be, on the whole, a blessing, not a curse, to the class of women who resort there in their time of need.

The history of medicine, while it records no such sustained and able attack on hospitals as is now going on, is full of evidence of the value of these institutions. They have been, and continue to be, the nursing mothers of the science and art of medicine in all its branches. Without them little progress could have been made in the past; without them little hope of progress can be entertained for the future. Meantime, it is impossible to conceive the carrying on of sound medical education without them; and if this cannot be done without them, their destruction must inevitably be a great curse to the community. While there can be no doubt of their incalculable value to the community, it is said that they are a curse to their own inmates. My object is to inquire whether or not this charge against them is true, so far as maternity hospitals, which are said to be the worst, are concerned.

I enter on the subject with great care, for I regard the institutions attacked with the reverence due from a child to its mother; and I do not hesitate, in advance, to say that I regard the attack on hospitals, apart from its scientific merits or demerits, as conducted in a very indecent and injudicious manner. Hospitals demand the confidence and support of the public, and it surely might have been expected of medical men that they should not condemn and slander them until after a full discussion of their merits, and a general agreement arrived at as to their beneficence or maleficence. Instead of this, medical men have been found unwise enough to slander them prematurely.

A frequently used method of condemning maternity hospitals is to quote from the work of Le Fort, "Des Maternités." The following is a sample:—

"Of 888,302 delivered in hospitals, 30394 died, or 1 in 29;
Of 934,781 delivered at home, 4405 died, or 1 in 212.

These two sets of patients belong, according to Le Fort, to the same class of society; and, without entering into various questionable points connected with the table, we cite it here as sufficient to show—what is now generally acknowledged—namely, the greater danger to life which women undergo who are confined in lying-in hospitals, as these and other hospitals are at present constructed and conducted."*

If Le Fort has reached the truth as to the comparative merits of hospital and dispensary practice, he owes his success to chance, not to good management. To find the mortality of dispensary and hospital practice, he takes the statistics of a great variety of hospitals and dispensaries, adds them together, and gives the result. In my opinion, most of the statistics are worthless, and the results are of course equally so.

Le Fort says the mortality of childbed in home practice is 1 in 212. His statistics comprise the data, among others, of many dispensaries. Among these are such figures of mortality as the following: 1 in 595, 1 in 453, 1 in 390; and in one dispensary no mortality at all. Now, no obstetrician

* THE LANCET, Sept. 4th, 1869, p. 332.

of common sense can believe that the mortality of childbed in any circumstances is 1 in 595, or 1 in 453, far less that a dispensary practice can be so successfully conducted as to have no deaths at all. The addition together of utterly incredible data cannot bring Le Fort to the truth (1 in 212). Incredible data mixed with credible can produce only incredible results. Le Fort's collection, as managed by him, is not only worthless; it is also misleading. I know of no dispensary data of home practice that can be relied on. I have extensive experience in dispensary practice, and I could publish splendid-looking results: but I do not, because I cannot rely on them. They are, however, as good as any of Le Fort's. In the great debate in the Obstetrical Society of Dublin opinions like mine, as to the value of dispensary data, were generally expressed.

Let us now turn to Le Fort's mortality in hospitals, 1 in 29. Hospital data are generally accepted as reliable. Le Fort, then, has shown that in a great collection of hospitals there has been a mortality of 1 in 29—a fearful and, I believe, a true statement; enough to condemn them in mass. Among the data of hospitals we find such mortalities as 1 in 7, 1 in 15, 1 in 18, 1 in 21, and so on,—an awful tale. We do not need to compare these figures with the corresponding figures of dispensaries, even if we could rely on the latter. When mortality like any above given is known, there can be nothing of condemnation too strong; there can be no slander. The truth is too hideous for any attempt at defence. But because one hospital or several are bad, are all therefore bad? Because all hospitals have a mortality of 1 in 29, should an hospital whose mortality is 1 in 84 (Dublin), or 1 in 100 (Dublin), be condemned? Because one or several doctors are bad and injurious to the community, are all bad? I trow not.

To judge hospitals aright, the evidently proper course is to take the best as an example. We cannot justly condemn all hospitals because in that of Leipzig the mortality is 1 in 7. We do not condemn ovariotomy because in the hands of some surgeons the mortality of it is nearly cent. per cent. We take the practice of the best ovariotomists to judge by.

To judge of hospitals, let us take the Dublin Hospital as managed by Collins. In seven years he had 16,654 births under his care. The mortality of mothers was 1 in 100. When I take this example, I must add that I regard it as not the best, but as a fair and handy and well-known example. It alone would have answered Le Fort's purpose better than all his collection.

If all hospitals are to be condemned, then this one must be condemned (1 in 100). And I ask any obstetrician to come forward and cast the first stone. Several have already come; but, in future, if any one is bold enough to come, he must tell us what is the mortality in his own practice, and he must consider whether or not his own practice is comparable with that of an hospital which receives the poorest, having among them drunkards, the diseased, the seduced, and also cases of difficulty, in higher relative proportion than in ordinary practice.

The great Dublin Hospital, then, can show a mortality of 1 in 100. Sir James Simpson has published the mortality of two years of his practice; it is 1 in 45 at least. Dr. Crosse had in his practice a mortality of 1 in 98. I have had a mortality in mine of at least 1 in 105. Dr. M'Clintock's is 1 in 108. Dr. T. E. Beatty's is 1 in 121.

When we get really trustworthy and comparable figures, how does hospital practice look? I, at least, cannot condemn it. I see no reason to doubt that it may be, and has been, good enough to compare with any kind of practice. I know no good, large, and unexceptionable data of deliveries which show results that are with certainty better than those of Dr. Collins in the Dublin Hospital.

The Registrar-General's data, when corrected for omissions and other errors, only confirm the conclusion derivable from the figures I have just cited. They show a mortality in childbed of not much less than 1 in 100. The Registrar's data are, however, and for many reasons, not so reliable as those I have adduced.

But I have not yet concluded my remarks on Le Fort and those who join him in attacking hospitals. They must be made to abide by their own figures and reasonings. The practice of hospitals, say they, shows results comparatively so bad that they must be condemned, and the practice of dispensaries shows results so good that they must be praised. Hospitals, say they, are very injurious, therefore shut them up; dispensary practice is very good, therefore extend it. They, self-deluding, think they have shown dispensaries to have a mortality of 1 in 212—a smaller mortality than is anywhere else ascertained. Then, it is a rational and a necessary conclusion that they should recommend all lying-in women to espouse the poverty, the filth, the debasement, of the poorest classes, and to have a student, or a midwife, or a neighbour to attend them. This, according to Le Fort's and Sir James Simpson's method of reasoning, is the sure way of making a good recovery after delivery. In a well-managed hospital they will die at the rate of 1 in 29! In the slums of a great city they will die at the rate of 1 in 212! I do not rely entirely on figures; they are very deluding. But as the enemies of hospitals have introduced their use, it is necessary to make a great correction of Le Fort's and Sir James Simpson's figures and conclusions, and to say: In a well-managed hospital, they die at the rate of 1 in 100; all the country over, the mortality is probably not much less; in the best private practice it appears to be greater.

Figures cannot settle a question like that now before us. So far as they go, they appear to me such as to show a well-managed hospital to be worthy of admiration and encouragement. They should not diminish the zeal of all loyal physicians to introduce and carry out many needed improvements in them.

Statistics have often been used foolishly. They have, in my opinion, never been used more injuriously than they are now, and in this question.

Edinburgh, Oct. 1869.

## CASE OF URINARY CALCULUS IMPACTED IN THE URETHRA OF A CHILD;

### COMPLETE RETENTION OF URINE; EXTRACTION BY FORCEPS.

BY H. NELSON HARDY,

SURGEON TO THE ROYAL SOUTH LONDON DISPENSARY.

LATE in the evening of Nov. 30th, 1868, I was asked to see Henry D——, aged six years, who was stated to have been suffering from retention of urine from about 10 o'clock in the morning. There was no history of any previous attack, nor of any other symptoms which could lead to the conclusion of the existence of any derangement of the urinary organs; and, in default of a better cause, the mother attributed the present attack to cold. She had consulted a chemist, who advised a purgative and warm baths; and these proving ineffectual, I was sent for.

On examination, I found the bladder very much distended, and the poor little fellow was crying out with pain. Upon attempting to pass a small-sized No. 4 catheter, I met with some obstruction situated near the root of the penis, which communicated to the hand a sensation of roughness and grittiness. Passing the fingers of my left hand along the under-surface of the penis to the point of obstruction, I could plainly feel a hard oblong substance filling up the urethral canal very much as a piece of slate-pencil might be supposed to do. The pressure of the catheter against this substance caused some urine to flow, and upon placing the patient in a warm bath he was relieved of so much more that when put back into bed he immediately fell asleep. The hard substance, however, could still be felt in the urethra. As it was now too late to obtain assistance, I determined to postpone any attempt at removing it until the morning. On visiting my patient at that time, my friend Dr. Dixon having administered chloroform, I found that the hard substance had moved somewhat nearer to the orifice of the urethra, and by means of a narrow-bladed forceps I was fortunately able to seize and extract it. It proved to be a lithic-acid calculus, half an inch long and five-eighths of an inch in circumference at its widest part, and having very much the shape and form of a small piece of slate-pencil.

The chief points of interest in this case appear to me to be, the absence of any symptoms of stone in the bladder, and the fact that having passed in safety through the narrowest portion of the urethra—i.e., the membranous—it should afterwards become impacted in the spongy portion.

Fitzroy-square, W., 1869.

# A Mirror
## OF THE PRACTICE OF
# MEDICINE AND SURGERY
## IN THE
# HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

## GUY'S HOSPITAL.

PATHOLOGICAL DEPARTMENT.

### CASE OF ULCERATION OF THE AORTIC VALVES; ACUTE ANEURISM OF THE HEART AND OF THE AORTA FROM CONTACT OF VEGETATIONS; ENLARGEMENT OF SPLEEN.

(Autopsy by Dr. MOXON.)

A FAR more important question than the seat of a valvular obstruction in the heart is the nature of the disease that is causing it, whether that disease is ulcerative, and hence spreading, or whether constrictive, and hence quiescent, though permanent. Unfortunately our means of determining the kind of disease of the valves are very insufficient, while we are able with almost complete certainty to discover the seat of the change with the stethoscope; and the satisfaction there is in being so precisely right as to the seat of a cardiac murmur is perhaps apt to divert observers from the effort to solve the more difficult and important question concerning the nature of the change that affects the valve. It may be that if we were better able to separate the cases of simple constrictive heart disease from those of ulcerative disease, we should be better able to treat these several affections—the former demanding means for mechanical relief, the latter requiring the quality of the blood depraved by the ulcer products to be especially regarded in the treatment. The following case, corresponding as it does with many other cases of ulcerative endocarditis that have occurred at Guy's, suggests that one important means of diagnosis, hitherto unnoticed, may be found in the size of the spleen, which, according to Dr. Moxon's observations, is generally small and hard in obstructive heart disease, and large and soft in ulcerative heart disease.

The case in question was that of a labourer, aged twenty-five years. He was admitted on March 3rd to Guy's Hospital, under the care of Dr. Rees. He was "temperate," and had never suffered from rheumatism or syphilis, but had done a deal of heavy lifting in his time. At Christmas he was taken with cough and shortness of breath, then with severe pain about the heart on exertion, his legs swelling at night. On admission, he had a haggard look, dry skin, and pearly eye; his pulse was 80 per minute, full and hard. There was a loud systolic bruit over cardiac region, especially the sternal end of right second intercostal space. The apex beat was between the fifth and sixth ribs. During his stay in the hospital he suffered much from dyspnœa, with occasional numbness along the inner side of the left arm. In April the murmur became double, and the apex beat was noticed to be lower than on admission. Albumen then appeared in his urine, and he suffered from giddiness and lightness in his head. He died on July 22nd.

On inspection, the body was found to be little wasted. There was moderate dropsy of legs, and slight dropsy of abdomen and scrotum. No sign of embolism or other disease of the brain. There were three-quarters of a pint of liquid in the right pleura, and three ounces in the left. The lungs were moderately œdematous, and there was a small old apoplectic patch at the lower part of the right lung. The heart was large, weighing nineteen ounces. It was hypertrophied and dilated, especially its left ventricle. The cavity of this was large, and the smaller columnæ carneæ were wasted. The musculi papillares had undergone some extent of fibrous change at their apices, the effect of which was to lengthen the cordæ tendineæ to suit the increased diameter of the ventricle. The substance of the heart-wall was firm, dark, and fleshy. The mitral valve on its auricular face was natural; there had been no regurgitation through it. The aortic valves were enormously diseased, so that the several segments could not be made out. One of the concavities of the valve-segments was just traceable, the other two were not even indicated. The aortic ring was destroyed, one side of it being displaced from the heart by the opening of an acute aneurismal cavity, of the size of a walnut, in the upper part of the ventricular wall. The valves formed a cauliflower-like mass of various thickness and prominence, and having one specially thick and firm projecting mass that ran upwards into the aorta. This had impinged upon the aortic wall, and at the corresponding spot the aorta was divided, or rather penetrated; the tunica media and interna being cut, and the tunica externa carried out to form a sac that would hold a horse-bean. This sac was half an inch above the opening of the aneurism that was within the heart; the latter corresponded to a prominent mass of vegetation occupying the spot where these vegetations impinged. The ventricular face of the anterior segment of the mitral and its cordæ of left bundle of musculi papillares were coated with vegetation. In the closure of the ventricle these parts came exactly into contact with the aortic vegetations. There were no vegetations but such as so corresponded to the spots that touched others in the action of the heart. The aorta itself was remarkably thin and flaccid, very singularly so. The liver was very large. There was an ounce of bile in the gall-bladder; it flowed easily into the duodenum on pressure of the gall-bladder. The spleen was very large, weighing twenty-four ounces and a half. Its substance was rather soft, yielding much pulp when the section was scraped. There were two embolic patches on it. The kidneys were large, weighing seventeen ounces. Their substance was in an early state of catarrhal inflammation.

This case is worth attention as a striking instance of the terrible results of friction within the heart from the presence of vegetations on the valves. The aorta was quite cut through by their contact, and a great aneurismal pouch was made where they rubbed the ventricle wall. Dr. Moxon expressed his belief that vegetations in the heart's cavities are almost if not quite always demonstrably caused by friction. Thus they first form along the line of contact of the edges of the valves; and then, when the vegetations on the valves grow large enough to touch other parts of the heart or aorta, they set up inflammation there. This is an important fact, and points to the necessity of keeping the patient as still as possible in all cases where endocarditis at present exists, as nothing controls the heart's action, and therefore friction, so much as rest. A great size of the spleen will, if it be discoverable in the presence of ascites, go far to prove the present existence of ulceration of the valves. Dr. Moxon states that, in looking over the accounts of the many cases of heart disease that he has inspected, the nature of the heart disease—whether ulcerative or obstructive—may be almost certainly told by the weight of the spleen; when the spleen is large, there is a strong presumption that the heart disease is ulcerative.

## KING'S COLLEGE HOSPITAL.

### THREE CASES OF ANEURISM.

THE following cases are very interesting as instances of recovery under three different modes of treatment. We are indebted to Mr. H. Royes Bell for a report of them, the notes being taken by Mr. M'Gill, house-surgeon.

Case 1 is a rare instance of cure of a well-marked, strongly-pulsating aneurism at the root of the neck cured by pressure. At one time the tumour was forcing its way through the clavicle. No doubt the presence of the tumour, by its irritation, kept up the cough.

The second patient whose case is related was intolerant of pressure, and the vessel was therefore tied, with a good result.

Pressure was borne very well by the third patient; but the aneurism gave way, and amputation of the thigh was resorted to, the man making a good recovery.

CASE 1.—Thomas P——, aged thirty-nine, a soldier discharged after fifteen years' service, was admitted on the 13th of January, 1869, into the Victoria ward, suffering from an aneurism at the root of the neck. The patient states that twelve weeks ago he got wet through at Aldershot, and went into hospital there suffering from cough. During his stay there a tumour, which he had not noticed, was discovered in the right side of the neck. On his discharge he came up to London, and was admitted under the care of Sir Wm. Fergusson.

There is a pulsating tumour, which projects above the sterno-clavicular articulation and the inner third of the clavicle on the right side. Pulsation can be felt and seen in the first intercostal space. This tumour is evidently an aneurism, connected either with the innominate or the commencement of the right subclavian artery. The patient has a very bad cough, attended with a good deal of expectoration. He has an anxious expression of countenance, and has been losing weight rapidly of late. He went on getting rapidly worse till Jan. 26th, when he was ordered five minims of tincture of digitalis, seven minims of solution of morphia, to an ounce of water, every two hours. This stopped his cough, promoted sleep, and in every way improved his general condition, though the aneurism increased somewhat in size.

On the 3rd of March, the tumour being larger and softer than on admission, and threatening to project through the sternal end of the clavicle, digital compression of the subclavian in the third part of its course was commenced. This was continued daily till the 11th of April, being kept up by the dressers for from four to six hours a day. The patient took the morphia and digitalis whenever the cough was troublesome. When the pressure was discontinued, the tumour no longer projected above the clavicle, and no impulse could be felt. A leather cap, with a pad and screw to compress the artery, was then made, and ordered to be worn during the day, and discontinued at night. When it was applied the pulse could not be felt at the wrist.

On the 30th of May he was discharged, the aneurism being apparently cured.

CASE 2.—Aaron W——, aged thirty-three, gasfitter, suffering from popliteal aneurism, admitted under Sir William Fergusson, March 6th, 1869. Says that about a month ago he noticed some slight swelling and pain in the left ham. Is not aware of any injury or strain. On Feb. 29th, whilst digging some hard ground, he experienced a sudden increase of pain in the part, and on inspection he found the swelling very much larger than it was before. His general health is good. The tumour is about the size of a large orange, and pulsates strongly, synchronously with the pulse, expanding equally in all directions, and quite filling the left popliteal space. The pulsation is stopped by compressing the femoral artery, the tumour diminishing greatly in size. The leg cannot be quite extended on the thigh. The left foot is slightly congested, but not œdematous. There is a constant uneasiness in the tumour, which at times amounts to pain.

Pressure on the femoral was tried and given up, as it caused so much pain.

April 3rd.—The superficial femoral artery was ligatured.

17th.—The ligature has come away. The wound looks healthy. Has suffered little or no pain since the operation.

May 4th.—There is now no pulsation in the popliteal space, the swelling is reduced in size, and the wound has healed.

CASE 3.—William E——, aged thirty-five, bricklayer, admitted May 3rd, 1869, under Mr. Partridge's care, suffering from a large popliteal aneurism. He first became aware of the swelling six weeks ago, when, as he was lowering a ladder, he slipped backwards on some uneven ground, and immediately felt a pain at the back of the knee, at the spot where the aneurism now is. The swelling continued, but did not prevent him from following his occupation until nine days ago, when he consulted a surgeon, who sent him to bed and applied pressure; but the pain from the pressure was so great that he could not bear it, so he remained simply in bed.

There is an aneurism in the left popliteal space, filling nearly the whole of it. The pulsation is distinct. His general health is pretty good, but his rest is disturbed by the pain in the aneurism.

May 6th to 17th.—Digital and instrumental pressure kept up. The knee, leg, and foot have swelled a good deal. The pain is relieved by morphia and digitalis. Leg bandaged in cotton wool.

25th.—No pulsation in the popliteal space; knee and leg more swollen.

June 3rd.—The leg is more swollen.

4th.—There is a good deal of swelling about the knee. The leg and foot are swollen, œdematous, and cold in places. There are bullæ; some of these have burst, and fluid oozes from them. The aneurism having apparently burst, it was determined to amputate at once, which was done by Mr. Partridge, who removed the limb in the middle of the thigh by the anterior and posterior flap operation. There was a good deal of blood effused about the knee, where the parts were very œdematous.

5th.—Doing well; has slept a little.

12th.—Stump doing well; dressed with carbolic acid lotion.

July 12th.—Has been up, but fell down and hurt his stump.

28th.—Discharged cured.

## HOSPITAL FOR CONSUMPTION, BROMPTON.

### CASE OF PNEUMONIA CONFINED TO THE ANTERIOR BASE, WITH REMARKS ON CHRONIC BASIC PNEUMONIA.

(Under the care of Dr. R. D. POWELL.)

ALEX. M——, aged thirty, a gardener, was admitted on Nov. 4th, 1868. He was a man of good physical development, with no hereditary tendency to chest disease, and of previous good health and temperate habits. He dated his present illness from a slight cold caught a month previously, and followed after a few days by the expectoration of "two or three mouthfuls of blood and phlegm mixed together." His complaint was of slight cough, with light expectoration and loss of flesh. The pulse was rather quick; appetite and digestion good; some fetor of breath was noticed.

The physical chest signs were briefly as follows:—Impaired expansion at the right anterior base. Dulness on percussion commencing abruptly at the third rib, extending downwards to be continuous with the hepatic dulness, and laterally to the right margin of the sternum, and to about an inch to the right of the nipple; there was fair resonance in the axillary region, and posteriorly. In the region of dulness the respiration was very bronchial, with friction and large clicks, increased vocal fremitus, and imperfect pectoriloquy. The liver extended just below the costal margin; the heart's apex beat in the normal situation.

The diagnosis was pleuro-pneumonia confined to the right anterior base, with a small pulmonary abscess in that situation. The determining cause of this local pneumonia was not made out. Pneumonia at the anterior base is not uncommon in children; but is, I believe, rare in adults, unless traceable to some local cause or pyæmia.

This patient was treated by local inunction with the compound iodine ointment, and by a mixture containing perchloride of iron. He steadily improved in flesh and strength, the dulness at the anterior base diminished, the bronchial respiration became mingled with vesicular breath-sound, and a few subcrepitant râles replaced the large clicks at first heard; these also gradually disappeared. The flattening below the nipple became more marked, with retraction during inspiration; so that on Jan. 27th, when the last note was taken, there was during deep inspiration, from the good expansion of the opposite side, an appearance of rotation upwards of the left side and shoulder; upon the right base as a centre. The patient now considered himself quite well.

*Remarks.*—Cases of basic disease of the lung are of much interest and importance; for though the prognosis is most generally favourable if the disease be early detected and the patient placed under favourable circumstances, yet, on the other hand, if neglected and allowed to become chronic the ultimate prognosis is very serious: they are particularly liable to be overlooked, since disease usually comes on very insidiously, without the acute symptoms that usher in croupous pneumonia. The chronic basic pneumonia of people beyond middle age commonly supervenes upon long-

continued bronchitis, and these patients die exhausted from the breaking up of the consolidated indurated lung into small cavities, or the formation of bronchial dilatations giving rise to profuse purulent discharge. In younger patients the damaged lung more often becomes the seat of true tubercular deposit, which develops into a fibroid growth, and gradually involves the whole lung; the opposite lung finally becoming affected. Many cases of phthisis with marked contraction of one lung have this origin. Though some of these cases of chronic basic pneumonia no doubt have their origin in the croupous pneumonia, which has not undergone complete resolution, the majority are originally cases of lobular or broncho-pneumonia; and in neglected or unfavourable cases the whole lung may gradually become involved in the disease, by a process of contagion, without the intervention of tubercle. Dr. Powell thinks the most plausible explanation of this extension of the disease—one which, whether true or not, seems to have been strangely overlooked—is, that some of the morbid elements of the broken-down tissues and bronchial secretions, which are usually expectorated with difficulty, are inhaled into the neighbouring air-cells, and set up there a similar process of catarrhal pneumonia. The secondary affection of the opposite lung—the disease in which is usually so remarkably scattered and lobular—seems best explained on the same supposition. The very chronic course of these cases is, it is thought, due to the lung being preserved, by the effects of the previous inflammation, in a state of comparative rest.

In the case at present under consideration there is some loss of lung-substance and thickening of the pleura; but the gradual increase in the vesicular quality of the respiration leads one to suppose that a cicatrix is gradually forming, and that a local thickening of the pleura and retraction of the chest-wall will be the only result; still, if the patient's means would allow it, a temporary change of climate would be a wise precaution.

# Provincial Hospital Reports.

## THE GENERAL HOSPITAL, BIRMINGHAM.

### REMOVAL OF A FOREIGN BODY FROM THE FEMALE BLADDER.

(Under the care of Mr. T. H. BARTLEET.)

S. N——, aged thirty-nine, a sempstress, of relaxed habit of body, was admitted into the hospital, stating that she had had a pin in her bladder for the last four days. She complained of constant pain, aggravated during micturition. Her urine contained a copious deposit of mucus. The patient said that she had suffered from retention of urine at times (since stated by her medical attendant to be hysterical), which had required the employment of the catheter. Upon one of these occasions she had endeavoured to push away the fancied obstruction by passing a large pin down the urethra; holding it only by the point, it slipped, and found its way into the bladder.

The patient being placed under the influence of chloroform, the presence of the pin was readily detected by a fine pair of forceps, which, when closed, formed a good sound. It lay across the bladder, rather above the urethra, and, when seized by the forceps, seemed firmly fixed. Fearing to do harm by hard pulling, Mr. Bartleet passed his forefinger down the urethra, the passage dilating very easily, and finding the foreign body, felt along its surface until he came to the head, drew this downward, thus dislodging the point, and by a little careful traction drew the pin from the urethra. The removal was followed by the passing of bloody urine; but there was no incontinence, and three or four days after the patient was well. The pin is $2\frac{1}{4}$ in. in length. It is what is called a blanket-pin. There was no deposit on its surface or extremities.

AT the last quarterly general meeting of the Royal Naval Benevolent Society, Dr. Alex. Armstrong, R.N., Director-General of the Medical Department of the Royal Navy, was unanimously elected a vice-president of the Society, in the vacancy caused by the death of the late Admiral of the Fleet, Sir Wm. Bowles, K.C.B.

# Medical Societies.

## MEDICAL SOCIETY OF LONDON.

MONDAY, OCT. 25TH, 1869.

MR. PETER MARSHALL, PRESIDENT.

AN interesting account of the reduction "of a dislocation of the shoulder downwards, or in the subglenoid position," in connexion with fracture "of the neck of the humerus, probably extra capsular," was given by Mr. HAYNES WALTON before the reading of the paper of the evening. The case, for several reasons, deserves to be put on record. It seems that just ten weeks before Mr. Walton had seen him, the patient, a man aged forty-eight, had fallen into a drain. Fracture was at once detected and treated. A month afterwards, on removing the splints, the dislocation was recognised. The patient suffered very much pain,—in fact, that alone sufficed to justify the attempt at replacement. The ordinary method, however, of procedure was out of the question on account of the recent fracture. The following plan was adopted. The whole of the limb was most carefully padded, from under the head of the humerus to the wrist; a splint a yard in length was then applied along the inner side of the limb, and another of the same dimensions on the outer side, the two being thoroughly fastened together by straps. The patient was then placed on a table, and chloroform administered to him. A broad strap was then placed across the shoulder, and carried down over the belly and the back, and attached to a cord in a line with the body. By this the scapula and clavicle were fixed, and the body was kept still. A second and narrow strap was passed under the arm, and made to rest on the head of the humerus, its extremities being attached to a cord communicating with the pulleys behind the head of the patient. Extension was made in the ordinary manner, the splints being used as a lever to direct the bone in the required position, Mr. Walton at the same time applying the required manipulations. By this plan there was "no pulling made on the bone, so that the fracture remained undisturbed, nor any lateral pressure on it, as the lever acted above it." After three-quarters of an hour, unexpectedly, and with a distinct noise, the reduction of the dislocation was effected. A good deal of local and general disturbance followed, but at the end of three weeks passive motion was commenced, and at the end of six weeks the arm could be used nearly as well as the other. Mr. Walton explained that during the operation no doubt numerous adhesions were broken down.

Mr. ADAMS spoke of the different complexion given to the surgery of such cases as that of Mr. Walton's by the introduction of chloroform, for whilst according to old rules it would have been "bad practice" to attempt reduction after eight or ten weeks, since complete muscular relaxation could be produced by chloroform, dislocations could be reduced after five or six months or more.

Mr. de Méric, Mr. Weeden Cooke, Mr. Streeter, and others also commented upon the case.

Dr. RICHARDSON read a paper entitled "Thermometrical Readings on Animal Heat," the object of which was to point out the way by which uniformity in the mode of observing variations in the temperature of the human body in disease might be secured. Dr. Richardson alluded to the care bestowed by ancient writers on alteration of temperature as a means of diagnosis, pointed out the general results which had been obtained of late years by modern workers in the field, and described in detail the circumstances that so often led to a disagreement as regards results between observers in the same field of inquiry, such as the use of unreliable instruments, the difference in seat at which temperatures are taken, much too infrequent observation, the varying exposure of the surface of patients in different instances, &c. He suggested that as a first step towards a better system of observation, a standard thermometer should be obtained and placed in the Society's rooms for the convenience of comparison by members. A Committee was subsequently appointed to take steps for devising a scheme for securing greater accuracy in the observation of "temperatures," and to aid in obtaining a standard thermometer.

## CLINICAL SOCIETY OF LONDON.

FRIDAY, OCTOBER 22ND.

MR. PAGET, PRESIDENT, IN THE CHAIR.

ON taking the chair the PRESIDENT introduced to the Society a patient who some time ago fell upon the back of his head, was not rendered insensible, but has since had great pain. About ten months subsequent to the accident, the scalp over the occipital region was the seat of several sinuses leading to dead bone, the patient's speech was impaired, and the tongue was drawn to one side and much atrophied. Mr. Paget removed the necrosed bone, which consisted of a piece from the posterior part of the foramen magnum; since which time the tongue has increased in size, and speech has considerably improved.

Mr. SPENCER WELLS exhibited a new Clamp, which will produce perfectly circular compression of the pedicle in cases of ovariotomy; and remarked that in instruments of this kind parallel action was the great desideratum.

Mr. MARSH described a successful Case of Operation for Cleft Palate, in which Mr. Thomas Smith's gag was used. He intimated that the age of two to two and a half years was the best for operating, and said that instances were on record in which the operation had been successfully performed at the ages respectively of six and nine months.

Mr. THOMAS SMITH, in opening the discussion, gave an analysis of 42 cases in which he had performed this operation. About half this number were under the age of seven, 1 failure occurred in the case of a child ten months old, 2 at three, and 1 at thirteen years. Of those operations performed on patients more than eight years old, only 1 failed. The speaker inclined to the belief that the operation succeeds better if not performed at a very early age.

Mr. SPENCER WELLS remarked that the experience of Parisian surgeons was against this operation, because speech appeared to be so little improved.

Mr. SMITH said that the shape of the palate had much to do with the result, and that children after operation speak better than adults.

Mr. DE MORGAN read a case of Fracture of the Base of the Skull, which, after exhibiting the usual symptoms, recovered rapidly, and subsequently ended in sudden death, the proximate cause of which was found to be due to an abscess which had burst into one of the lateral ventricles. No regular aphasia existed.

The discussion was continued by Mr. CALLENDER, Dr. T. H. GREEN, and others.

Dr. GREENHOW read the particulars of a case of Diphtherial Paralysis, which ended in recovery; and said that in this as in other cases that had come under his observation the paralytic symptoms were chiefly marked on that side of the body where the local disease had been most severe.

Dr. WEBER was unable to verify this special experience of Dr. Greenhow. He observed in these cases that usually paralysis of sight followed that of the mouth and throat, but was never a sequence of palsy of the limbs. He thought that, since 1862, paralysis after diphtheria had been on the decline; and suggested as probable that the virus of the malady had become less intense in proportion to the gradual spread of the disease.

Dr. GREENHOW, in reply to questions put, said that in this instance the pulse and respiration were not affected, and that in his own experience, if such were the case, the result was generally fatal.

## Reviews and Notices of Books.

*A System of Surgery, Theoretical and Practical, in Treatises by various Authors.* Edited by T. HOLMES, M.A. (Cantab.) Second Edition. Vol. I.: General Pathology. London: Longmans. 1869.

NEARLY ten years having elapsed since the publication of the first edition of this volume, we are not surprised to find many alterations, both in matter and arrangement. In the first place, the work will consist of five volumes instead of four. This increase in bulk is due, however, not so much to the introduction of new matter as to an increase in the size of the type, ten pages of the present edition corresponding to about nine of the last. In the next place, it is illustrated, though the illustrations are not numerous, being almost entirely confined to the articles on Syphilis and Tumours. Those in the article on Syphilis might just as well have been left out; for, as is usually the case with medical chromo-lithographs, they fail to convey any idea of the things which they are intended to represent. On the other hand, the beautiful microscopical drawings by Mr. Henry Arnott, illustrating the article on Tumours and Cancer, are, in our opinion, by far the most valuable addition made to the present volume.

The articles on Burns and Scalds and on the General Pathology of Fractures and Dislocations have been deferred to the next volume; and that on Hectic and Traumatic Fever moved from the appendix into this.

From Mr. Simon's invaluable article on Inflammation the whole description of "the process" has been omitted, and will not appear till the fifth volume, in the hope that, by the time this is ready, pathologists may have become a little more agreed as to what "the process" is. In the rest of the article very few alterations have been made, some paragraphs only being added, containing a summary of the latest ideas on symptoms and treatment.

We regret to see no improvement in Mr. Holmes Coote's articles on Abscess and Gangrene. In the former, the causes, mode of formation, and varieties of abscesses, are treated much too briefly, while the greater part of the article is composed of short accounts of various special abscesses, which we find more fully described in the various special articles in the following volumes. In the latter article we see no mention whatever of embolism as a cause of gangrene, and the other causes are arranged with but little attempt at generalisation; in fact, so far as "general pathology" is concerned, these articles are almost useless.

In the article on Scrofula, Mr. Savory still adheres to the old views of the identity of scrofula and tuberculosis, and the formation of grey and yellow tubercle by exudation of a material, nearly allied to lymph, from the blood. The doctrines of Virchow and his school are certainly mentioned, but none of their arguments or observations given, so that the student has no means of forming any opinion for himself. Even if Mr. Savory does not believe in cellular pathology, when we consider the great pathologists who do, and the size of the present work, it seems to us that he ought to have given a summary of the arguments on both sides.

To the article on Tetanus, Mr. Poland has added an interesting plate, showing the state of the cord in a case reported by Dr. Dickinson.

We are glad to see that Mr. Lee has almost entirely rewritten his article on Syphilis. He still includes the soft chancre under the name "syphilis," although he acknowledges that it resembles the indurated sore in one respect only—viz., the way in which it is usually obtained. But he considers "it more in accordance with strict inductive science simply to describe the different modes of action which occur after impure contact, than to ascribe each different action to a different poison;" and he still retains the terms "adhesive and suppurative inflammation" following syphilitic inoculation, to describe the two great varieties of sore. It seems a pity that, having gone so far, Mr. Lee could not go one step further, and separate the two diseases altogether. The account of the quarrels between MM. Malgaigne, Vidal, Ricord, and others has been omitted, and the results of inoculation taken as proved. As Mr. Lee

complains in one place of the "limits of the essay," we think he might have also left out a considerable part of the physiology in the chapter on Lymphatic Absorption, and so found room to say a little more about hereditary syphilis. On the subject of vaccino-syphilitic inoculation, which is exciting so much attention at the present time, Mr. Lee's views remain unaltered. He considers it possible by means of blood accidentally mixed with the lymph, but confesses to never having seen a case. In illustration of this mode of communication, he quotes the two common examples, M. Trousseau's case and the outbreak at Rivalta. For the opposite side of the question, we would refer the reader to the excellent article on Vaccination, by Dr. Seaton, in Dr. Reynolds's "System of Medicine." On the subjects of Treatment and Secondary Syphilitic Affections, Mr. Lee has made but few alterations. His faith in mercury remains unshaken, not only as a means of alleviating symptoms, but of actually eradicating the disease from the system. As for Syphilisation, he dismisses it in a few words, accounting for any good that may result from it by supposing it due to counter-irritation. Altogether the article is vastly improved, and is now one of the most practically useful that we possess on this subject.

The article on Tumours has been joined with that on Cancer, under a common introduction written by Mr. C. H. Moore, who has also re-edited Mr. Paget's part. The alterations are not numerous, the chief being the introduction of Virchow's three varieties of tumours—myxoma, psammoma, and glioma. In the article on Cancer, Mr. Moore adheres more firmly than ever to his belief in the local nature of cancer, and to its mode of dissemination by means of loose cells finding their way from one part to another through the natural channels and cavities of the body. Mr. Arnott has written a short explanation of his drawings illustrating tumours and cancer, which, taken with them, forms the most complete and concise account of the structure of tumours that we remember to have seen.

In Mr. Poland's article on Animal Poisons we have a very interesting addition on the pathology of snake-bites; and in the part on Glanders we have another chromolithograph, which, though better than those of syphilis, is not worth much. Mr. Moore, in his article on Wounds of Vessels, has added a short account of Acupressure, illustrated by means of a very good plate showing the various methods of introducing the needles. He considers acupressure not more liable to be followed by secondary hæmorrhage than other means of closing a vessel, and on the whole to be far more satisfactory in its results than the ordinary ligature. Of Torsion Mr. Moore speaks more shortly, considering it objectionable on account of its prolonging the operation, and being unsuitable for diseased arteries and uncertain in all large vessels. Mr. Croft has added to his article on Hectic some interesting observations on the temperature in hectic and traumatic fevers. They do not appear to show, however, that the thermometer will be of much practical value in surgery.

The remaining articles in this volume have undergone no material alteration. The publisher has done his part as publishers usually do in the present day. The printing is all that could be wished, and the type more pleasant to read than that of the last edition; but the book is bound in a manner calculated to stand three months' wear at the most, and the margins are so narrow that no room is left for the bookbinder to "plough" the edges when the inevitable rebinding occurs. We venture also to suggest to the editor that it would be a great convenience if in the next edition an index is placed at the end of each volume, as is usually done in modern books.

*A Manual of Clinical Medicine and Physical Diagnosis.* By T. H. TANNER, M.D., F.L.S. Second Edition, revised and enlarged by TILBURY FOX, M.D. Lond. pp. 355. London: Renshaw. 1869.

THE second edition of this little book has just appeared, and come to hand at an appropriate time of the year; for it is probable that in the London schools generally, at the present time, no department receives so little and requires so much special and systematic attention as that of clinical medicine. The work before us is chiefly valuable and useful because it gives plain directions to the neophytes of the profession, and because in so doing it endeavours to teach what may be called the mechanism of practical medicine, telling the student how to do many things that he is usually supposed by the physician to know, but of which he is in the majority of cases profoundly ignorant. Special directions are given as to the use of the microscope, laryngoscope, ophthalmoscope, sphygmograph, and skin thermometer; and as to the administration of chloroform. And there is a very good paragraph on the general position of the organs in the chest, introductory to a chapter on the physical diagnosis of disease. Thus much for the student. The book is recommendable to the medical practitioner because, among other useful matter, it contains special directions as to railway cases and candidates for life assurance—both subjects of great difficulty, and so requiring very careful attention. Dr. Fox has enhanced the value of the book by adding a large amount of fresh matter, and entirely new chapters, on the Physical Diagnosis of Abdominal Maladies, and on Cerebro-spinal Diseases. We commend this manual of Clinical Medicine to students with very great confidence. We advise them to buy it, and make it their text-book in the wards of the hospital. The book is convenient in size, is furnished with a capital index, and the chapters are so well arranged that each division of the work is clearly and comprehensibly marked out. It is one of the most valuable publications of the year.

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*Flora of Middlesex: a Topographical and Historical Account of the Plants found in the County; with Sketches of its Physical Geography and Climate, and of the Progress of Middlesex Botany during the last Three Centuries.* By HENRY TRIMEN, M.B. Lond., F.L.S., and W. T. THISELTON DYER, B.A. Sm. 8vo; pp. 428. London: Hardwicke. 1869.

To a botanist worthy of the name this book must give unadulterated pleasure. It is executed with a thoroughness and conscientiousness deserving of the highest praise. How interesting a desideratum it supplies is only to be understood by consulting its pages. The arrangement is excellent; the introductory chapter on the topography, climate, and botanical districts of the county is comprehensive and good; and the terminal sketch of the progress of botanical investigation in Middlesex full of literary research and very pleasant reading. The book, moreover, is clearly printed and (not the least of its merits) very portable.

The plants of Middlesex number, or have numbered, 859 species; of which 768 are native, and 91 have been introduced and more or less completely naturalised. Of these species, 377 are more or less common, 424 are rare, and 58 probably extinct. This is a rich field for the local botanist, whether studied alone, or in comparison with the botany of neighbouring counties. Dr. Trimen and Mr. Dyer touch instructively upon the distribution of plants as influenced by the mechanical properties of the subjacent rocks, and as illustrated by the flora of Middlesex. We commend this book to botanists, and congratulate the authors on its excellence.

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Two Cheltenham bakers have been fined £5 each and costs, for adulterating their bread with alum.

# The Lancet Investigation

INTO THE

# ADMINISTRATION OF THE OUT-PATIENT DEPARTMENT OF THE LONDON HOSPITALS.

## No. III.

## GUY'S HOSPITAL.

At this hospital an annual report of the work done is published by the medical superintendent, in which the principles and objects of the staff are well laid down. "With the view of providing for the treatment of every form of disease, not less than of advancing medical study, greater attention has been paid of late years to various minor departments in the hospital; and so numerous and varied are the facilities allowed for the treatment of every possible form of disease that the numbers participating in the benefits of the so-called special departments, which are, in truth, only a means of carrying out the subdivision of medical labour, are actually greater than in most of those hospitals which have been established for the exclusive treatment of special diseases."

That this is not a mere boast is proved by a reference to the following report of the out-patients admitted last year, and distributed as follows:—

| | |
|---|---|
| Surgical cases ... ... ... ... ... | 3,905 |
| Medical cases ... ... ... ... ... | 3,456 |
| Diseases of the eyes ... ... ... ... | 3,614 |
| Diseases peculiar to women ... ... | 1,675 |
| Diseases of the skin ... ... ... ... | 1,048 |
| Diseases of the ear ... ... ... ... | 960 |
| Casual minor medical cases ... ... | 10,679 |
| Casual minor surgical cases ... ... | 41,159 |
| Tooth extractions ... ... ... ... ... | 3,655 |
| Minor accidents ... ... ... ... ... | 6,390 |
| Women confined at their own homes... | 1,783 |
| Total ... ... ... ... ... | 78,324 |

It will be observed, in the first place, that the number of casual surgical cases, including tooth extractions and minor accidents, is 51,204, or nearly two-thirds of the whole number of out-patients. This department is positively free, and, so far as casual observation enabled us to judge, is not abused. The patients are received into the surgery, which is provided with every necessary appliance, and with two boxes in which examinations of a private nature may be made. The whole is under the special charge of the junior house-surgeon, who is elected by a kind of *concours*, and must have previously filled the office of resident dresser. The appointment is held for two months, and forms the stepping-stone to the office of senior house-surgeon, who has special charge of the patients in the wards. The junior house-surgeon is assisted by eight students, two of whom attend at stated periods of the day, from 9 A.M. to 5 P.M., in turns of two hours each. During the night accidents and minor surgical cases are attended by the dresser of the week, who acts in co-operation with the senior house-surgeon. Cases requiring permanent treatment are sent to the out-patient department. The casualty medical cases, which it will be observed are not one-seventh the number of those attended at St. Bartholomew's, are in like manner placed in charge of the house-physician for out-patients, with a similar staff of students to assist in seeing them. None of the students so employed are permitted to prescribe other than simple remedies; and a list of prohibited drugs is hung up in the prescribing room. Should any more important remedy be necessary, the student is compelled to request the attention of the house-physician, and to obtain his signature to the prescription.

The majority of trivial cases, both medical and surgical, are thus treated by two students, who usually consult together as to the course to be pursued. A list of applicants for these appointments is kept, and in the selection the endeavour is made to associate a student of greater experience with one of less. One great advantage of this system appears to be that the treatment of the out-patients is kept entirely separate from that within the hospital, and the experience gained in the surgery forms a natural preliminary to the dresserships and clerkships within. Lastly, by this distribution of the work, the hospital authorities are enabled to give a certificate of dressing to every student, which would be quite impossible in any other way.

The out-patients, properly so called, are upwards of 27,000; but they are so distributed that no one is greatly overworked. The medical and surgical are received in a large waiting-room, capable of seating between 200 and 300 persons; the doors open at 11 A.M., and are closed at 12, or earlier if the room is full. The old cases of the men are seen first, the women next, and the new cases of the men last. The general arrangements are under the charge of the physician and surgeon for out-patients, assisted by a staff of students. On each side there are three prescribing-rooms—one for the males, one for the females, and one for the assistant physician or surgeon. In each of the two former are two prescribing-tables, with two students at each table, who act under the same conditions as those in the casualty department previously described. The assistant physicians and surgeons have also special clerks and dressers. These gentlemen visit the waiting-room, and select the graver cases from the rest, giving them special letters, which entitle to advice and medicine for two months. The dresser or clerk consults the wishes of the assistant physician or surgeon by selecting such cases in the study of which he takes special interest; indeed the same object is sought by the house-physicians and students, because the latter are not permitted to prescribe for longer than a week. The classification of patients is carried still further by some of the assistant staff by the issue of tickets, the colour of which indicates the nature of the disease. Tumours of the breast or swellings of the joints may, for example, be coloured red or blue. Blue-ticket patients are ordered to come in, and in a short time the same disease is seen in its various forms and stages. The greatest number of patients are, however, seen by the house physician and surgeon of out-patients; but in every case the work which began at twelve o'clock is done at four.

We have only one suggestion to make for improvement. It is that somewhat better discipline requires to be observed. We saw great strong men positively barring the entrance to the consulting-rooms. The really sick, who ought, in fact, to be the first to be attended and discharged, are compelled to wait until the last; and at the apothecaries' shop the pressure and confusion were also great. All this would be obviated by the employment of another porter, and by the issue of tickets, by the number of which the turn should be observed.

The Ophthalmic Department presents an example of the successful adoption of the system of special treatment and teaching admirably combined. The room in which a dozen ophthalmoscopes may be at once employed, the operating theatre, the special nurses and dressers, all combine to make this department perfect. The number of operations has never been less than 600 per annum; 400 patients have been received into the special wards, and nearly 4000 treated in the out-patient room. The development of this depart-

ment is mainly due to the reputation of the distinguished staff, whose efforts have been continually supported by the medical superintendent and the governing body.

The Skin and Aural departments were originated in 1863, and the number of patients has already doubled.

Diseases peculiar to women have long been treated as a special class. They are attended by Drs. Hicks and Phillips, who have also charge of the out-patient obstetrical department. These officers are generally assisted by a senior and a junior obstetrical clerk, who hold their appointments for one month, and board within the hospital free of charge. The duties of the clerks and students are all defined. Thus the clerks are to instruct the students, advise them in difficulties, and be present with them in the event of their having had no previous experience. So, also, the students, or externs as they are called, must have attended the hospital during two years; they hold office for a month, during which time they are expected to reside near the hospital, and must attend immediately and personally when summoned. Each patient must be visited at least four times during the first week after delivery. The extern must deliver a history of the case, with a description of any deviation from normal labour within a fortnight. He must seek the assistance of the obstetric clerk or physician in all preternatural labours; in cases lasting more than twenty-four hours; in cases where the pulse has risen to 100 per minute, and in all cases of doubt or difficulty. He must not perform an operation, nor administer "secale," and in cases of doubtfully feverish character he must suspend his attendance on all cases until he has reported to his seniors. For the violation of these rules he is at once suspended by the clerk, pending reference to the physicians.

Throughout the whole out-patient department there is the same evidence of care for the just requirements of the sick and for the education of the large body of students in *bond-fide* practice. It is the general opinion of the staff that the teaching power of the hospital would be seriously impaired by any curtailment of the out-patient work, and the general feeling is that it is not seriously abused. The patients of the special department for the treatment of uterine disease often come finely dressed, but in the experience of the physicians closer inspection often reveals a different state of things. The submission to a vaginal examination, not strictly private, is in their judgment a sufficient test of poverty; and in the obstetrical department it has often been necessary to make application to the parish for food and necessaries, although wine and beef-tea are frequently dispensed from the hospital itself. No line between parish and hospital patients can, in fact, be drawn; and even amongst the more respectable of the patients it is observed that many have paid largely for medical advice, and have incurred a considerable debt besides.

It is noticed that in every department many cases are sent to the hospital by medical men; sometimes for advice, sometimes for medicine also. It is a question worthy of deep consideration whether such consultations might not be facilitated with benefit to the medical practitioners, their patients, and the hospital itself. It would often be a great relief to the general practitioner or parish doctor if he could command the gratuitous advice of some eminent consultee for a patient who, though perhaps able to pay himself, is quite unable to afford a fee. It may be objected that the advice of no physician or surgeon of eminence would, under such circumstances, be refused even now at their own consulting rooms; but this appears to us a very different thing. Few like to have their profitable avocations interfered with; and there would be far more objection on the part of the practitioner to knock at a private door than attend at the hospital at a given hour, when he would expect of course to be received. To the poor but independent patient the advice would be a boon; and as it is in complicated and difficult cases that consultations would be sought for, the examination, diagnosis, and proposed treatment would prove most instructive to the staff and the students.

## ST. BARTHOLOMEW'S HOSPITAL.

*To the Editor of* THE LANCET.

SIR,—In his able report on St. Bartholomew's Hospital, your Commissioner remarks:—"We observed, however, two classes of persons who ought to be refused admission, except under special circumstances — namely, policemen and postmen." Now, these men have less claim to the charity of the hospital than any other class of applicants; not only are they not paupers, but they both are provided by the State with staff and divisional medical advisers, whose salaries the public are taxed to pay.

As far as the policemen themselves are concerned, the abuse is not a great one: they run in occasionally for a bottle of such simple laxative or cough-mixture as is kept in the brown jugs of the surgery. Nor can I bring any specific charge against divisional surgeons, as I am not sufficiently acquainted with their duties to know how far they are responsible for the treatment of sick and injured people that come under the care of the police. I only know that many of the cases brought by the police to hospitals have previously been taken before a divisional surgeon, who, having looked at it, and perhaps tinkered it up a little, sends it in. Many of these patients require nothing more than a wet bandage or a suture; but others need more serious treatment. I mention one case out of many. Not long ago a woman, saturated with blood, unconscious, pulseless, and with lips as pale as her face, was carried in on a stretcher. In a few minutes the radial, ulnar, superficialis volæ, and some smaller arteries had been tied, and she was recovering consciousness under the influence of brandy. This woman had been taken to a divisional surgeon, who had *rolled a bandage round her wrist*, and left her exposed to the risk of another attack of hæmorrhage.

If these public officers are not responsible for such cases, why do they treat them at all? But if they are, why do they not treat them fully and properly, instead of sending them on to an hospital for treatment that is within the capacity of any novice in surgery?

With regard to postmen, it is well known that the physician to the Post-office occupies a position and enjoys a salary almost as good as an Under-Secretary of State, that he has an assistant on the spot, and that every post-district is placed in charge of a competent medical adviser, to whose services the postmen are entitled free of charge. And for all this the public pay. And yet postmen are sent to St. Bartholomew's for the most trivial complaints—such as sprained ankles and venereal affections. The most remarkable part of the story is, that they are so sent by the physicians to the General Post-office with a printed request that the bearer may be attended to at the hospital. I am not by any means sure that this arrangement is not recognised by the Post-office authorities themselves, who are said to pay a subscription of fifty guineas per annum to the hospital as an acknowledgment of the services rendered.

Thus it is that the funds of a noble charity are diverted from the classes who are really poor, and made to save the labour of highly-paid officials, clearly appointed to do the work themselves.

I commend these facts, not only to hospital reformers, but to those other and more important reformers who are solving the problem of combining economy with increased efficiency of the public services.—I am, Sir, your &c.,

October, 1869. A BARTHOLOMEW'S MAN.

SURGEON-MAJOR H. BRISCOE, M.D., of the 2nd Brigade Royal Artillery, and formerly the principal medical officer at the Royal Arsenal, Woolwich, has retired on half-pay with the rank of Deputy Inspector-General of Hospitals, on appointment as Inspector of Prisons, in the place of Surgeon Perry, who has resigned that appointment.

# THE LANCET.

LONDON: SATURDAY, OCTOBER 30, 1869.


IN our Report on the Out-patient Department of St. Bartholomew's Hospital, we expressed the opinion that bad management was the fundamental cause of the defects described; and we can have no hesitation in stating that enough has been shown to justify the demand for a further and fuller inquiry into the general management of the hospital and the constitution of the governing body. The president is, indeed, the Prince of WALES, on whose name it is a reflection that any charge of mismanagement can by any possibility be brought; but in these days the name of a Prince is no longer a guarantee of wise and economical administration, nor can it be used as a cloak to stifle inquiry or cover very gross abuse. It is therefore due to the position of the Prince that the matter should be further investigated.

For years past it is, however, well known that the governing body of St. Bartholomew's Hospital has been a sort of close corporation, the administration being of that reserved, if not altogether secret, character which ensures the continuance of ancient usages and traditions, many of them more honoured in the breach than the observance, and prevents the infusion of those new and often troublesome elements which indicate the vigour of a thriving and progressive institution. It was in accordance with the old ideas of nepotism and vested interests that for so many generations the physicians and surgeons owed their election less to any special merit in themselves than to their connexion with the governors and staff. Even now, if the truth could be fairly told, it may be doubted if recent elections have been altogether free from the same taint. We are no advocates for an unjust neglect of any student of the hospital, who, having fully qualified for a superior office, seeks the post; indeed, as a rule, the large school of St. Bartholomew's ought to be able to educate its own staff. But there are occasions when a departure from this course is not only wise, but necessary; and it is then that the principles of management are tested by the liberality displayed. Two such opportunities have occurred within the last few years, and in both the governing body has failed to satisfy the just requirements of the profession and the school. In instituting a special ophthalmic department, it was due to the honour of the hospital that the gentleman placed at its head should have, besides skill and reputation, the fullest opportunity of carrying out the treatment he requires to teach, and should be recognised as a member of the general staff. There are a dozen men of undoubted eminence who would have gladly sought the appointment on these honourable terms. But it is evident that a miserably exclusive policy prevails, and a comparative junior is chosen, who, whilst he is thought worthy enough to do the out-patient or dirtier work, is not allowed to operate in graver cases, and is not considered worthy to be an equal on the staff. Or once again, in the case of Dr. GREENHALGH, mentioned in *The Times*, where could there be found a stronger evidence of petty exclusiveness than the denial to the Professor of his legitimate position and the snubbing of his application for further help? Such treatment would scarcely have been borne by his predecessor, Dr. WEST, and it is destructive of the influence required for successful teaching. We no longer wonder why the obstetrical department cannot be compared with that of other hospitals for extent, regulation, or support. At Guy's, as may be seen from our report, the number of cases annually attended by the students is more than double. The Professor has sufficient help and the same honourable position as his colleagues; whilst the regulations made for the supervision and guidance of the pupils are all that can be desired. Who can doubt that the students are better and more practically taught?

As regards the appointments, therefore, it is evident that greater liberality needs to be exercised. But such changes will doubtless be opposed, because rich aldermanic governors will not be disposed to yield the opportunity of toadying wealth and social position, and would be disgusted if mere professional ability, the value of which they are quite unable to appreciate, should force itself upwards into the smiles of Royalty without their leave and patronage.

Nor is it only in the appointments that there is so evident a want of that mutual confidence between the governing body and the members of the staff upon which successful working so much depends. If the former had treated the latter with that cordiality which courts the expression of individual complaints, and had shown its readiness to redress real grievances, can it be supposed that the assistant-physicians would continue to be greatly overworked, or that the assistant-surgeons should depend on the good will or caprice of the house-surgeons for the supply of interesting and instructive cases. It is want of freedom which has kept them quiet under the pressure of their work, and the impossibility of teaching their pupils as they might.

Nor is the division of the hospital work among the elder students altogether fair. Putting aside the consideration that the benefits held out to the casualty patients amount to little better than a cruel delusion, it is clearly unjust to crowd all the duties upon the house physicians and surgeons, to the exclusion of any other students than the dressers and physicians' clerks—the latter, however, having already in the wards more than enough to do. There is probably no professional position in which so much and such valuable experience can be gained as in that of house-surgeon of a public hospital, and particularly of one so large as St. Bartholomew's. He is for the time, and during the absence of the staff, omnipotent. He has charge of all the patients in the wards, and can alter their treatment should he think fit to do so. He sees all the accidents brought in, treats those he pleases, and orders the dressers to execute his instructions on the rest. And yet out of, say, ninety students admitted annually, only four can fill the post. The same remarks apply to the house-physicians; indeed both appointments enjoy too many privileges for too long a time. So also as regards the dressers. Of the eighty or ninety

students, only forty can be taken on for six months each. These forty have the exclusive dressing of patients of every class, and the other students must shift as they can in order to meet the certificates required. Fortunately some have dressed in provincial hospitals; and the College of Surgeons, which seems to wink at making dresserships monopolies, has so worded the certificate that mere attendance on patients under a parish doctor will suffice. But it is the duty of the hospital authorities to provide for all the opportunity of obtaining a perfect practical education on the spot, and to divide the work so as to give a share to each. The career of the student has but a single object—namely, the acquirement of the knowledge how to relieve disease. He cannot always remain in leading-strings. He may listen to the teachings of professors, and yet the very knowledge he acquires may serve only to make him more doubtful of himself. It is always far easier to turn out good anatomists and physiologists than self-reliant physicians and surgeons. The knowledge of practical medicine is not gained by seeing a young physician "knock off" a hundred patients in an hour, or a member of the assistant staff "doing" them at railroad speed. The truly skilled physician has the fear of haste perpetually before him. He knows the danger of latent and obscure disease. Many a reputation has been blasted, many a patient lost, by the habit of jumping to the conclusion that it was this or that disease, when it was nothing of the kind. But for the student the example of undue haste is fatal. He must be taught both caution and self-reliance by the habit of seeing patients and prescribing independently. There is an ample field of labour amongst the out-patients of St. Bartholomew's, and it is the duty of the governing authorities to arrange the work, and surround it with the necessary safeguards against errors of judgment and mistaken treatment. There should be a regular course of practical out-patient work. The student should rise from the treatment of trivial disorders, which require none but the remedies least liable to be abused, to those of a more and more serious kind; and as experience grows wider, more and more important remedies should be placed within his grasp. His rise in skill should also go hand in hand with his position on the staff.

In conclusion, while thus expressing our opinion that an inquiry into the management of our royal hospitals would at this moment be extremely beneficial, we at the same time again recommend the immediate appointment of a medical superintendent at St. Bartholomew's, in full belief that such an officer, properly supported, would be capable of effecting great improvements as regards the patients, the students, and the staff.

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A FEW evenings ago a new institution was inaugurated in London. This is a Woman's Debating Society, holding its meetings at 74, Newman-street, and conducted, of course, mainly by Miss EMILY FAITHFULL and her fellow-workers. It seems that the ladies had not full confidence in their own powers to make the Society, or even the first meeting, a complete success; and hence they not only invite gentlemen to attend and to take part in the debates, but they also invited Dr. LANKESTER to furnish the first subject for discussion. He did so, with great ability, by an interesting and telling address on the necessity that exists for teaching physiology in schools—a subject that he has already handled on various occasions, and especially before the Social Science Congress at Bristol. His lady hearers were manifestly much impressed; and although they wanted the confidence necessary for the full expression of their opinions, more than one of them ventured to adduce something in confirmation of what had been said. Unfortunately they were governed by a chairman afflicted with an altogether preternatural degree of fondness for the sound of his own voice; who, instead of encouraging debate, made each remark the occasion for an oration by himself, and well-nigh rendered debate impossible. The most gentle observation from a lady was followed by another speech and three more dreary anecdotes from this terrible official. On a future occasion, we trust that some lady will occupy and grace the chair. The power of occasioning talk in others is especially a feminine one; and the control of a meeting not likely to be stormy is a work extremely well suited to the delicate tact and suggestiveness of woman.

In these considerations, however, we are stepping somewhat beyond our province, and we are certainly straying away from the point at which we intended to aim. That point is the actual value and importance of Dr. LANKESTER's counsel—a value and importance that it would, perhaps, be difficult to overestimate.

It was suggested by some speakers at the meeting, and is undeniably true, that the word "physiological" is not a good one for Dr. LANKESTER's purpose, and that it will not convey to the public the idea that it represents in his own mind. Physiology is regarded under two chief aspects: first, as a very difficult experimental science, pursued by a few experts only; secondly, as the aggregate of the hitherto ascertained results of this science, put together with especial reference to their bearing upon the practice of medicine and surgery. Now for schools generally, and still more for girls' schools and primary schools, the teaching of physiology in either sense would be as impossible in fact as it would be useless if it could be achieved. What Dr. LANKESTER means is at once something more and something less than physiology. It is, in fact, an elementary knowledge of the laws under which the chief bodily functions are performed, and of the conditions which govern life and health. Such teaching, he rightly said, was more important to the masses than teaching them to read. He dwelt upon the fearful waste of life in England that arises from sheer ignorance of the reason why fresh air is needed; and he might have added that much of our existing and expected legislation would become unnecessary if the working classes were sufficiently instructed to be able to protect themselves against hurtful influences, from which the law now only very inefficiently protects them. Dr. LANKESTER attached especial importance to such instruction for girls. He maintained that the source of much ill-health was in the dwelling; and that the condition of dwellings could only be improved by the intelligent co-operation of wives and mothers, who are necessarily supreme at home. It is well known how greatly the difficulties of medical practice are increased by the want of such co-operation. In all classes

of life, the doctor who is summoned to a case of urgent illness finds only too often that those around the patient have no knowledge to which he can appeal for any aid in the proper management of the sick room. He is compelled to try and teach the alphabet of such knowledge to people whose minds, harassed by anxiety, are not then receptive; or else to lay down mere precepts and rules, which, in his absence, and in the absence of any principles, are sometimes still mechanically acted upon when they should be modified or abandoned. In all matters about which he may omit to give explicit directions, the most fatal errors are frequently made. For example, it is very common for patients to be killed, after enfeebling illness, and when, with proper care, they would recover, by being suddenly raised from the recumbent to the semi-erect posture for the purpose of taking nourishment. No practitioner who neglects to lay down very strict rules on this point will fail to have many unexpected and sudden deaths amongst exhausted patients; deaths for which he may not always be able to account, but which may be shown, on inquiry, to be traceable to the cause we have indicated.

While, however, we do all honour to Dr. LANKESTER, and attach their full value to his suggestions, and while we congratulate the members of the Newman-street Society on having been provided with a subject on which their talents may be profitably exerted, we still fear that, in the present state of society and of public feeling, the time for any general teaching of this kind has not yet come. The case is pre-eminently one for missionary enterprise; and the heathen most conspicuous for their present state of outer darkness, as well as for the opportunities for good that they would see and embrace upon their conversion, are the clergy and the national school teachers of both sexes. The Universities and the Normal Schools should be the present field for Dr. LANKESTER's labours. He would thus assail ignorance in its strongest holds, and would plant knowledge in spots from which it would with facility be diffused abroad. He would influence society both from its superior and its inferior strata, and he might even live to hear sermons upon the duty of being in good health, and to see classes taught by experiment the value of oxygen.

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As medical journalists, we feel deep responsibility in regard to the liquor traffic, and the suggestions of different reformers for its regulation. We represent a profession which has immense indirect influence over the social use of alcohol. *The Times* makes a point against the United Kingdom Alliance by averring that their views of total abstinence are opposed to those of the majority of the medical profession. No doubt this is the case. And yet it seems to us that the fact of the majority of medical men believing in the advantage of the use of a moderate quantity of alcoholic stimulant should be no hindrance to any practical measures felt to be necessary for the mitigation of the terrible evil and curse of drunkenness.

Let us say here, at the outset, in the name of the medical profession, that we are increasingly impressed with the responsibility of the therapeutic and dietetic use of alcohol. The tendency to prescribe it excessively and for everything, which was too much the fashion a few years ago, is greatly altered, and the present prescription of it is much more moderate, and regulated by stricter scientific criteria. Having made this admission, we must be excused from going further, and for maintaining that, in moderation, alcohol cannot wisely be dispensed with as a medicine, and that as an article of diet, and in its milder forms, it is indispensable in most houses.

This being so—to say nothing of other reasons, social and political,—the proposal of the United Kingdom Alliance to entirely suppress the liquor traffic is one that cannot seriously be entertained by practical legislators. At the same time, legislators and social reformers of every school feel, in common with the Alliance, the urgency of the duty of doing something to diminish the drunkenness of the country, for the sake of our national health, happiness, and reputation; and the Alliance may well be congratulated on having so successfully gained the help of large classes of men who do not entirely concur with it as to the measures to be taken for this purpose. Perhaps no body of men see so much of the evil of drunkenness as the medical profession. To say nothing of furtive drinking chiefly known to that body, we see indications of our national vice in the homes of the poor, as well as in their diseases, as no other men see them. We know therefore, better than others, how it degrades men physically and socially.

We are correspondingly anxious to support all wise and sound measures for the abatement of this evil. There is little doubt, after the speech of Mr. BRUCE this year, that the Government will bring in a measure to further restrict the sale, or the places of sale, of drink. And unless the public-house influence is much greater in Parliament than it should be, we shall hope to see the power of licensing transferred from the magistrates to the ratepayers, or some body elected by them for the very purpose. As the ratepayers have to keep the paupers that are manufactured so freely by the public-house system, it is only reasonable that they should have the licensing system under their control.

But we have a more serious remedy to propose for this great evil, and that is, the abolition of the right of drinking on the premises. We mean nothing so harsh as to deprive travellers or wayfarers of a little refreshment, but the right of sitting for hours together for the mere purpose of drinking is one that is so clearly chargeable with all sorts of bad effects that it has no claim to be continued. We wish the Alliance would become practical, and ask for this limitation of the liquor traffic. Men cannot in this country be denied the right of buying a reasonable quantity of alcohol. But surely the right of prolonged sittings in public-houses for the mere purpose of drinking should now be stopped or greatly qualified. Men will use beer or spirit or wine. Let them use them at home with their wives, under domestic conditions, and a fatal blow will thus be dealt at the system of drinking in public-houses.

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THE correspondence between those gentlemen who have promoted the Birmingham petition and the Home Secretary will be found in another part of to-day's LANCET. It is unnecessary to descant on the importance of this peti-

tion, signed as it has been by nearly 10,000 of the practitioners of the country, and about to be presented personally to the Home Secretary.

The petitioners ask, above all things, for the establishment of the one-faculty system, by the institution of one high and complete examination that shall supersede the need for the multiform licences that now compete so freely with each other. The 10,000 men who have signed this petition have by doing so indicated their belief that medical education is only to be controlled and elevated by making the examination of those entering the profession stringent and practical.

For once, then, the way of medical reform appears clear; and there seems a unanimity of opinion in the profession that should greatly facilitate the duty of the Government. The practitioners of the country, the colleges of the country, including even the College of Surgeons, and the General Medical Council, are all agreed as to the need for one complete and practical examination that shall convey a complete legal qualification to practise every branch of the profession. We might well feel proud to think that we have so long anticipated and advocated this arrangement. We shall not here stay to consider how the establishment of such a board will affect the existing boards. We can only say with Dr. BELL FLETCHER, that "the one-faculty system granted, all other desirable reforms must follow." This proposition requires only one qualification—namely this, that the board that is to grant this diploma be constituted independently of all existing corporations, and in the pure interest of the State and of medical science.

# Medical Annotations.

"Ne quid nimis."

## MEETINGS OF FELLOWS OF THE COLLEGE OF SURGEONS.

THE motion of which Mr. Erichsen has given notice, and which will come on for discussion at the meeting of the Council of the College of Surgeons in November, has reference to the power of the Fellows of the College to call meetings of their own body within their own College. At present the Fellows enjoy no such right; and although the President or the Council have the power to summon a meeting of the Fellows, they never put it in force, for very obvious reasons. The bye-laws in connexion with meetings of Fellows and Members are simply repressive in their terms, since they provide that "no meeting or assemblage of Fellows or Members of the College shall be held in the hall or Council-house of the College, or in any of its appurtenances, unless convened by or under the authority of the President or Council; and no Member or Fellow of the College shall advertise, or convene, or attend any meeting or assemblage in the hall or Council-house of this College, or in any of its appurtenances, not authorised by the President or Council."

It would be foolish in us to attempt to conceal the fact—which is perfectly well known to all students of College history—that all these stringent regulations were directed against the course pursued by the late Mr. Wakley in ventilating the gross grievances which the Members of the College (there were no Fellows then) endured at the hands of their own Council and officials. Mr. Wakley insisted upon holding a discussion as to the deeds of the Council both before and after the delivery of lectures within the College theatre; and, there being then no law to the contrary, the College authorities were driven to attempt by brute force, and with the assistance of Bow-street runners, to silence its refractory members. We need not now refer to the subsequent events—the appearance of Mr. Wakley at Bow-street, and the legal proceedings consequent thereupon; it will be sufficient to have indicated the origin of the bye-laws, which have now been in force for nearly thirty years.

Mr. Erichsen's proposition is, we understand, to give the Fellows the power to call upon the Council to summon a meeting of their body, under the President's chairmanship, by means of a requisition, signed by not less than thirty Fellows, setting forth the objects of the proposed meeting. The Council will still retain a right of veto upon such meetings being held, but, in the present state of parties, it is hardly likely that a majority will vote in the negative when thirty Fellows have agreed upon a petition. If the Council is wise, it will accept this very gentle invasion of its negative powers, lest a more vigorous attack should be made upon its citadel; and we shall look forward with curiosity to see whether Mr. Quain, Mr. Hilton, and others, who have always expressed a wish that the Fellows should meet, will again be found in the obstructive minority.

We anticipate that an official objection will be made to meetings of Fellows on the score of want of accommodation. We can imagine nothing better suited for such meetings than the large lecture-theatre of the College when thrown completely open. It only requires that the speakers should, after the French manner, ascend a tribune, for them to command both the amphitheatre and the gallery; and this necessity would tend both to preserve order and to prevent desultory discussion.

## THE FREQUENCY OF RUPTURE OF THE UTERUS.

WE have received a small volume bearing the title of "Truth: a Libel by Law," and containing a full account of the action in the case of Sharp *v.* Wilson, which was first tried, as our readers may remember, at Edinburgh, in 1866, and afterwards carried by appeal before a higher court, by which the judgment of the court below was affirmed. The parties to the case were neighbouring medical practitioners, and the defender, Mr. Wilson, wrote a letter imputing unskilful midwifery practice to the pursuer. On an action being brought, the defender pleaded a justification, but the Judges held his proof of this plea to be insufficient, and cast him in damages to the extent of fifty pounds,—one thousand having been claimed by the pursuer. The general question raised by the case is a very important one, being no less than this,—Whether it is morally right, and really for the best interests of the profession and the public, that one medical practitioner should proclaim what he conceives to be gross malpractice, and want of knowledge and skill, on the part of another? To this general question we may at some future time return; but our present object in mentioning the case is to call attention to statements made in evidence by Sir J. Y. Simpson, who was a chief witness for the pursuer. According to the shorthand writer's report, as given in the book before us, Sir James said, "*Rupture of the uterus is said to happen in 1 in every 400 or 500 labours;*" and again, "*The average mortality of mothers is 1 in 4 or 5 after craniotomy, and 1 in 15 after turning.*" These statements had a very important bearing upon the case at issue. If they are true in Sir James Simpson's experience, he must be exceptionally unfortunate as a practitioner; and, if they are true generally, the poor women of London must be exceptionally favoured.

The late Dr. Francis Ramsbotham and his father had the superintendence of the eastern district of the Royal Maternity Charity of London for more than thirty years, and they published carefully prepared statistical reports from 1820 to 1850 inclusive, embracing the particulars of 68,435 labours. Among these, rupture of the uterus or vagina occurred in 14 women, or once in 4888 cases. After 1827, rupture of the uterus was separated from rupture of the vagina, and occurred 8 times in 48,996 cases, or once in 6124. From the date last mentioned, the mortality of mothers, and the causes of their deaths, are recorded. In the 48,996 cases there were sixty of craniotomy, and among these there were 6 deaths, or 1 in 10. Excluding accidental mortality, there were in all 162 deaths from causes connected with parturition; but these deaths are all accounted for without "turning" being mentioned as an explanation of the fatal issue. Once, indeed, "exhaustion from want, after shoulder presentation," is set down; and it is impossible to say from the data furnished that turning may not have been practised in some of the fatal cases of hæmorrhage or convulsions. But it was clearly not present to the mind of Dr. Francis Ramsbotham, as even an occasional cause of death. Far less did he attribute to it a mortality more than three times as great as that which follows amputation, when performed by a country surgeon who keeps no notes! There is much in the report of Sir James Simpson's evidence that seems to require explanation; but these statements about uterine rupture and mortality will be especially startling to southern obstetricians.

## CROWNER'S QUEST LAW.

THE week last past has been productive of two unusually remarkable examples of the wisdom and urbanity that characterise the legal coroner; and the circumstances which induced two of these luminaries so to distinguish themselves are worthy of being placed on record. A girl named Harriet Brown, being pregnant, came from her home at Mansfield to Nottingham, presumably in order to procure abortion. She took lodgings, and went from them to visit one Mrs. Jennings, a policeman's wife, who "examined" her, and is believed to have introduced some instrument *per vaginam*. The girl went back to her lodgings, aborted, and died. Mr. Huthwaite, a surgeon at Nottingham, was called to see her, at her lodgings, when she was at the point of death; and does not seem to have suspected that the miscarriage, of which he was told, had been caused by any improper means. When, however, he was asked by her brother-in-law for a certificate, he said that he should decline to give one if the applicant had any suspicion. Being reassured on this point, and after privately questioning a woman who had been with the deceased, he certified the death as being due to miscarriage and acute peritonitis. The corpse was taken away to the girl's former home; and at an inquest the complicity of Mrs. Jennings was proved, and also the presence of a wound of the uterus. The Coroner for Nottinghamshire, who held the inquest, had the assurance to address Mr. Huthwaite in the following terms:—

"I hope this case will act as a grave caution in future, for it is clear that a certificate was given by you which I am sure, on reflection, you could not deem a proper one. When a question is raised as to death, it is hardly right to take a person into a private room in the way you did. I very much regret that a gentleman like you, of such large practice and high character, should have acted so indiscreetly as you have done."

In considering the force and meaning of these words, it is necessary to remind our readers that a local attorney cannot be invested with judicial wisdom by the votes of freeholders. For such a one to presume to instruct a medical man about his own business would be ludicrous, if it were not so sad. As long as the present machinery for registration continues in force, it must constantly be necessary to give certificates on the ground of information received from persons about the patient; and it forms no part of a medical man's duty to act the part of an amateur detective. To take a woman aside into a private room, away from two men who accompanied her, in order to make inquiries into the details of such a case, was nothing but a matter of ordinary propriety; and Mr. Huthwaite, in doing so, will be fully supported by the opinion of the profession. Whether it is ever wise to give a certificate of the cause of death when the patient has been seen only once, at the close of an illness, and then in a moribund state, is quite another question; and we think, under such circumstances, it would generally be more prudent to decline, whether the surroundings were suspicious or not. But this, more especially as the certificate is no bar to legal proceedings, must remain a matter of individual discretion; and the coroner's censure may be set aside, as being as impertinent as it was manifestly uncalled for.

The second case occurred at West Hartlepool. A poor fellow was crossing a railway, when a van, set in motion down an incline by the force of the wind, knocked him down, and injured his legs so much that a double amputation was required. A neighbouring publican swore that he went to Dr. Oldham, who "said" "I wont come." Other medical assistance was eventually procured, but the sufferer soon died. Without calling upon Dr. Oldham for any explanation, and without his being aware of the charge brought against him, the jury were allowed by the coroner to attach to their verdict a condemnation of the great inhumanity of Dr. Oldham, and an opinion—founded upon no evidence—that the deceased would have survived if earlier medical assistance had been obtained. It will hardly be credited that the jury had before them the evidence of Dr. Gourley, who performed the operations, to the effect that he himself went to try and obtain the assistance of Dr. Oldham, and found him ill in bed, in a state in which it would have been dangerous for him to go out. Moreover, Dr. Oldham has since made it known that he never either saw or spoke to the publican. He had given a general order to his servant to say that he was too ill to go out, and this order was obeyed. In these days of cheap papers, the baseless censure of their betters by a jury may go forth to the world, and may inflict serious injury upon honourable men. Persons who never see the vindication may be made fully acquainted with the charge. It seems hardly probable that coroners' courts, in their present form, can be continued as a permanent part of the English system of judicature; and it is much to be wished that the power of juries to add riders and postscripts to their verdicts was either abolished, or else kept within due bounds by the law of libel.

## THE REPRESENTATION OF THE UNIVERSITIES OF GLASGOW AND ABERDEEN.

THERE appears to be no prospect of the introduction of a medical candidate to this constituency, due probably to the fact that Mr. Gordon's present position is so strong as almost to defy competition. And there can be no doubt that Mr. Archibald Smith, in an address delivered in Edinburgh on Friday, the 22nd ultimo, said much that will tend to alienate the medical profession from him, and so to strengthen the hands of his rival. For if, as Mr. Smith very decidedly infers, he has had no opportunity of studying questions interesting and important to medical men—questions that have been ventilated and discussed over and over again in all the influential journals of the United

Kingdom,—we cannot conscientiously endorse his claims to support, even though his principles may be on "the side of progress." For, indeed, we are bound to assert that the supporters of political progress are not always of necessity scientific and sanitary reformers; that, so far as we are concerned, this really is no political question at all; and we record the belief that, in questions relating to public health, scientific research, poor-law reform, &c., there are probably as many members willing and able to discuss and to legislate on the one side of the House as on the other. Mr. Gordon states that he is prepared to undertake various and important measures relating to matters medical; therefore it is right and proper that, in the absence of a medical candidate, he should receive the support of those electors who belong to our own profession.

## ADMIRALTY CHEESEPARING.

THE economic proclivities of Mr. Childers, and the excessive care with which he dispenses coal for Her Majesty's ships, appear to have somewhat blinded him to the fact hat thrift in combustible commodities may result in reckless expenditure of vital material. The flying squadron, which is supposed to be here, there, and everywhere, as occasion may require, has been visiting Monte Video, Bahia, Rio, and other places on the east coast of South America, and started on the 11th of last month for New Zealand. Yellow fever has been somewhat prevalent among the crews, and the *Eclipse* has lost her captain, commander, and surgeon. But my Lords, profoundly ignorant of, or intensely indifferent to, the fact that the squadron was navigating in one of the hottest and most unhealthy districts in the world, have, it is reported, issued certain directions as to the consumption of coal, the result of which is to reduce the drinking allowance of water for every man in the fleet to about three half pints daily. Is it possible that the authorities at Whitehall can have done this thing?—and if so, who is the responsible individual? Has Mr. Childers, in his recent cruise, indulged his leisure moments (which, no doubt, were few and far between) in making complicated calculations about coal? And if not, may we be permitted to inform him that a proper supply of water might be provided for these wretched men at the rate of an additional sum of about 3*s.* for every 600 or 700 persons. What hope can there ever be of diminishing mortality in the services, or of inducing good men to join them, when such miserable skinning of flints is practised? Is the life of a sailor to be weighed against a pound of coals?

## BEARDS AND THEIR USES.

THE question of beards for the army has recently again been brought under notice, and the repeal of military shaving orders has been asked for, on the triple ground of economy, appearance, and humanity. The best argument in support of his demand may be found in the general principle that the life of the soldier in time of peace should be such as to prepare him for war, and in the fact that war sweeps shaving orders away. Sir George Brown was the reputed author of a compound assertion that might have been borrowed from the Oxford pluck papers. He said, "Where there was hair there was dirt, and where there was dirt there was disease." He had, therefore, something that passed with him for a reason why shaving should be enforced; but yet he failed to enforce it. Razors were lost, and beards grew, in spite of him. There can be no reasonable doubt that he was altogether wrong, and that beards furnish a protection that nothing can fully replace. The immunity from quinsy of those who wear them is well known and highly instructive; and they must certainly be, to some extent, useful as respirators. The argument from appearance brings the question beyond the reach of discussion; but it must be conceded that, at present, the national taste is in favour of the beard. And it seems hard to compel a man to undergo a sort of mutilation, only because he wears a red coat, and has sworn to defend his country.

## THE MEDICAL COUNCIL.

THE Executive Committee met on Tuesday last. Among other things, they took steps for expediting the preparation of accounts, so as to enable the special Committee appointed at the late meeting of the Council to determine the best way of lessening the expenses of the Council. The Executive Committee seem fully alive to the seriousness of the criticism which is directed with such unanimity in the profession against the Medical Council. They resolved, we believe, to memorialise the Lord President of the Privy Council to receive a deputation on the question of the amendment of the Medical Acts. As the Home Secretary has intimated his intention of receiving a deputation representing ten thousand practitioners, and the Lord President of the Privy Council will doubtless receive a deputation from the Medical Council, we may hope that the merits and faults of the last-named body and of the Medical Act will be fully expounded to the Government in time for legislation in the course of next session.

## ANTI-COMPULSORY VACCINATION.

MR. T. CHAMBERS, M.P., has been presiding at a meeting to protest against the compulsory vaccination laws. He thinks it a fit subject for inquiry whether, owing to vaccination, there was not a considerable increase in mortality from other diseases. This is the last and very weak peg on which to hang objections to vaccination. It is as if a man should object to be saved from a bad railway accident because at some future time he might sprain his ankle in getting out of an omnibus. But it was left to Dr. Pearce to exemplify the present tendency to worship small-pox as a blessing. He said: "Small-pox was not a scourge, but a blessing, when properly treated, as it enabled the system to throw off poison which, if retained, culminated in disease, in the majority of cases in consumption!" We presume that if a man's judgment or respect for his own reputation will not save him from talking such nonsense as this, no remarks of ours will. The next thing we shall hear of will be a demand for a Compulsory Small-pox Act, to compel people to undergo the blessing of small-pox.

## THE HALFPENNY TAX ON THE MARRIED SOLDIER.

THE present Government prides itself upon being economical, and so that it maintains its character in this respect, it seems to be regardless of the injury it may inflict. The question of collecting and mending old pens and the substitution of steel for quill ones was simply ridiculous; but the last edict from the War Office deserves to be called by a very different name. It is tolerably notorious that the married soldier is in the possession of a bare competence; and that if he has a family, he and they often lead lives of great discomfort and penury. The public ought to be made aware of this fact—namely, that many a sick married soldier will go on performing his duty, fearing nothing so much as the discovery by the medical officer that he is sick, and for this reason: he has, if sick, to be admitted into hospital, where a stoppage is deducted, and the remainder of his pay is insufficient to keep his wife and children from starving. Let anyone who doubts our statement ask the first medical officer he meets whether he has never had

experience of its truth. The winter is approaching, and here is a cheering piece of intelligence to gladden the heart of the British soldier at Christmas:—

"Extra bedding will be issued on the requisition of officers commanding regiments or corps in the following proportions—viz.: for a family of one or two children, one bedstead and a set of bedding complete; for a family of three or more children, two bedsteads and a set of bedding. *A charge of a halfpenny a day for each set of bedding issued will be made against the soldier for whose family the bedding is supplied.*"

Now we are bold enough to say that taxpayers do not want retrenchment after this fashion. It is all very well for men occupying a well-carpeted office, and sitting before a lively fire, to plan these petty reductions, but they cannot surely have calculated their cost to the soldier's unfortunate family. Insufficient bedding means cold, suffering, and disease to the children; or it means dirt, foul air, and overcrowding for the sake of warmth. The authorities are neither just nor logical. Openly banish marriage altogether from the army, and make it a crime for any soldier to marry; but do not insist upon his first getting his commanding officer's leave, on the plea that marriage is an indulgence for men of good character and long service, and then practise such contemptible petty ways of extracting halfpence out of his pocket. We heartily second what was said last week by our contemporary, the *Army and Navy Gazette*. We have not made inspections of soldiers' barracks without learning something of their mode of life, and of the hardships to which the married men's wives and families are already exposed. Bedding ought to be issued to them in proportion to their requirements free of charge.

## THE NECESSITY OF A MORTUARY FOR WHITECHAPEL.

FOR several months past the necessity for a public mortuary in the crowded and fever-stricken district of Whitechapel has been continually urged upon the authorities by the Rev. Brooke Lambeth. Last week it was reported to the Whitechapel Board of Works that a child had died of scarlet fever in a house in Tenter-street, where it had been retained for no less than seven days in an underground room in which the father, mother, and three children lived and slept. Several other families also live in the same house. What better evidence could be found of the utter incompetency of our existing sanitary machinery? With the exception of the reverend gentleman who has so vainly endeavoured to promote the erection of a public mortuary, no one seems to appreciate the importance of isolation in a case like this. Surely the matter should be taken up by some superior authority, as by the Home Secretary or Privy Council.

## DR. RICHARDSON AT BIRMINGHAM.

THE inaugural meeting of the Midland Medical Society on the 21st instant proved a brilliant success. Nearly 200 members of the profession accepted the invitation of Mr. S. A. Bindley, the President of the Society, and when Dr. B. W. Richardson entered the crowded *salon* of the Great Western Hotel, where the conversazione was given, he received an ovation which must have convinced him of the high esteem and the wide popularity which his labours in the cause of science have won for him. Mr. Priestley Smith and Mr. Edward Parkes, two of the most distinguished students of Queen's College, had been appointed to assist the lecturer in the performance of experiments on animals and the manipulation of apparatus, with which the tables were covered. The address commenced at eight, and until its close, at half-past ten, the attention of the crowded audience was breathless, the applause frequent and impassioned. Taking for his text, "Old and New Remedies," the distinguished physiologist discoursed successively on bloodletting and transfusion, on the history and effects of the therapeutic use of oxygen, and on the chemical and physiological properties of the hydrides, nitrites, and chlorides. He performed experiments with the ethers and chloral, exhibited a new method for performing artificial respiration, and concluded with a peroration, which, for thought, earnestness, and power, impressed the audience as only a master-mind can impress a large body of competent judges. Dr. Richardson's address was in every sense a great achievement; he indicated the works of great men almost forgotten, demonstrated the intimate alliance of physiological and chemical inquiry, proved how powerfully scientific inquiry can augment the resources of the practitioner, and foretold the near approach of the day when Medicine, rightly studied, shall have established its claim as a true science.

## THE DRAINAGE OF BRIGHTON.

AT the present moment the inhabitants of Brighton hold their future destiny in their own hands. The growth of public opinion as to the wisdom of a thoroughly sound intercepting scheme of draining the town has done its utmost with the members of the present Town Council. The minority of two or three who voted against the present system when the subject was first proposed, has slowly and steadily made way until the numbers for and against are nearly equal, and it is now evident that the obstructionists are made of such impenetrable stuff that no impression will be made on them by argument. The town, however, cannot afford to let the matter rest in its present unsatisfactory state. To do so is ruin. Now is the time for the inhabitants to speak out their wishes, and put an end to the reproaches which must continue to be made against them whilst the shore is polluted by the filthy sewage, and the subsoil fouled by the cesspool system. On Monday next the election of town councillors takes place. Gentlemen favourable to the execution of Mr. Hawksley's scheme are in the field, and it will be the fault of the inhabitants should the objectors be still allowed to agitate the town.

Nor let the voters be deceived by specious pretences that the retiring members of the Council simply desire delay. There has been too much time already wasted. Whilst other towns have done their sanitary work, Brighton has been bound hand and foot by the ignorant perversity of men who now ask for more time to consider Mr. Hawksley's scheme.

Let the inhabitants vote, therefore, for those candidates who have shown themselves ready to make personal sacrifices to obviate delay, and maintain the honour and welfare of Brighton.

## THE UNIVERSITY OF CAMBRIDGE AND THE MEDICAL COUNCIL.

DR. PAGET'S acceptance of the chair of the General Medical Council creates a vacancy in the representation of the University of Cambridge in the Council. The Vice-Chancellor has fixed Tuesday, Nov. 2nd, for the election of a representative. The hour of polling will be from two o'clock to three in the afternoon. All persons whose names are on the Register of Members of the Senate are entitled to vote. The University in this mode of election sets a good example to some other bodies.

The General Council have referred to the University of Cambridge various questions connected with the education and qualification of students in medicine, with a request for the opinion of the University with respect to them. The Vice-Chancellor, the Masters of St. Peter's and Christ's

Colleges; Dr. Bond, Regius Professor of Physic; Dr. Paget; Dr. Humphry, Professor of Anatomy; Professor Liveing; Mr. Lestourgeon, of Trinity College; and Mr. Latham, of Trinity Hall,—have been appointed a Syndicate to consider the various matters thus referred; to confer, if they think fit, with any of the other licensing bodies, with the General Medical Council, or with the Board of Medical Studies; and to report from time to time to the Senate.

The whole of Dr. Robert Lee's valuable anatomical and pathological collection, including his remarkable dissections of the nerves of the heart and uterus, which have given rise to much discussion among anatomists, has recently been placed by Dr. Bond in the Anatomical Museum of the University.

## HOSPITAL NURSES.

THE report upon St. Bartholomew's Hospital, in our last number, has furnished materials for much comment on the part of the general press. *Punch*, *The Times*, and the *Daily News*, have alike addressed themselves to the work of promoting the necessary reforms; and *The Times* article on the subject has called forth letters which appear to show the existence of depths of mismanagement lower even than those which were fathomed by our Commissioner. A letter in our columns a month ago described the sleeping accommodation of the nurses; but a still longer letter in *The Times* has now described their work, of which it seems to us Mrs. Beecher Stowe would be the only fitting historian.

It is stated that these poor women, besides doing the day nursing, and the work of porters and scrubbers, are also employed as night nurses on one night out of every three; that then their ordinary term of duty extends to twenty-three hours at a stretch, and that on emergencies this time may be extended to fifteen hours more. If this be true, the work must be a mockery of nursing, and the proceeding is a disgrace to humanity. *The Times* correspondent inquires whether the law will not protect these women; and we repeat the inquiry. The inspectors of factories have recently had their range of supervision greatly extended; and we believe they would be able, if their attention were called to the matter, to investigate the conditions of hospital labour, and to punish those by whose fault the cruelty we have described has been suffered to continue. It would form a pleasing item in the accounts of the hospital for the year, a fitting pendant to the cost of the dinners, and of the decorations of the banqueting hall, if a sum were charged on account of fines incurred by the overworking of women. The pitiful saving effected in the nursing department presents a melancholy contrast to the general profusion and extravagance of the management.

## THE INDIAN MEDICAL SERVICE AND THE ABYSSINIAN CAMPAIGN.

IT is never too late to perform an act of justice, and we make no apology for referring to the events of the late Abyssinian campaign. Shortly after its termination we called attention to the very inadequate way in which the medical officers of this service were rewarded. We understood that the head of the Bombay Medical Department (Dr. Arnott, C.B.), was endeavouring to push the claims of his officers on the Government of Bombay and Lord Napier, with every hope of success. Among those who were, in our opinion, justly entitled to a public recognition of their services, we may name Drs. Wyllie, Maitland, and Murray. In the case of Surgeon-major Wyllie, there was everything present to constitute a strong claim on the Government. He was Field-surgeon, 1st Division, and the senior executive medical officer with the advance column that marched on to Magdala. He had previous service during two campaigns in India, and has been frequently mentioned in despatches. The wounded soldiers, European as well as native, were received into his hospital before Magdala, and continued under his care during the long and fatiguing march to the sea-coast, and up to the time of their embarkation at Zoulla. In addition to the charge of the wounded, and many of the enemy that were disabled in action, the sick of all arms were transferred to him during the time the troops remained at Magdala, so that the different corps might be unfettered in active operations. We have singled out Dr. Wyllie's name because his claims appear to us to have been the strongest; but there are other officers who have likewise failed to obtain that recognition to which their services fairly entitled them. Notwithstanding the recommendations which have been made by the head of the Medical Department of Bombay, supported as they were by Lord Napier himself, the Indian Government has quietly allowed the matter to drop. As promotion might not be fair in a strictly seniority service, we hope that the Government will yet mark their sense of the services rendered by the Indian medical officers by conferring upon some of them the order of the Star of India, a distinction which has been awarded to several officers of the Abyssinian force.

## SCARLATINA AT CLERKENWELL.

A FATAL case of scarlatina has occurred in the Clerkenwell Workhouse, and another child has been attacked. In fear of taking the disease, the guardians have decamped; and instead of holding their ordinary meeting at this workhouse, they adjourned to that of St. Luke's, City-road. The bad sanitary condition of Clerkenwell Workhouse has been sufficiently talked about during the last few weeks, but we believe that the only remedy would be to make the guardians take the place of the inmates for a week. There is, however, not much likelihood of this, as the guardians can run away, and the paupers cannot. So much the better for the guardians; but God help the paupers.

## MR. PEABODY.

MR. PEABODY has long been in failing health. He, however, returned to England about a fortnight ago somewhat improved in strength by his voyage to America. It was hoped that he might be able to pass the winter in the South of Europe, but a sudden aggravation of symptoms occurred about a week ago which has greatly prostrated him, and at present his condition is precarious.

## CORRUPTIO OPTIMI PESSIMA.

WE have been very much shocked by reading the evidence of Mr. G. Earle, surgeon, before the Beverley Election Commission. Mr. Earle stated that he had never given a bribe in his life, but that "he might have taken money if he had had the chance, and he no doubt would." He made a very lame attempt to abate the discreditableness of this language by saying that he would have distributed the money so obtained to others. Mr. Earle recovered his full consistency of language when, on being asked on what side he would have taken money to give away to voters, he said, "They are all alike to me. I have friends both Conservative and Liberal." We may confidently believe that Mr. Earle is unique in the profession at Beverley in these feelings regarding money and political doctrines, but it augurs badly for a town that even one of its medical men should so figure in an election inquiry. Well might the Commission be amazed at Mr. Earle.

## THE LATE EPIDEMIC AT THE GAMBIA.

WE are sorry to learn that the cholera has reappeared at this station—not, however, in an epidemic form. A few cases have lately occurred among the residents in one of the more dirty and crowded neighbourhoods of Bathurst, most of which terminated fatally. We gladly call attention to a communication in another column forming an official contradiction to the reports circulated respecting the disgraceful condition of the burial-ground at Bathurst. By the Government *Gazette* of the 15th ultimo, we find that the officiating governor has deemed it right, in order to allay the anxieties of the public mind, to publish a Report from Staff Assistant-Surgeon Dr. Waters, the acting colonial surgeon, as to the condition of the burial-ground; and according to this document, there seems to be no reason for supposing that any noxious emanations can find their way through the soil so as to contaminate the atmosphere. Earl Granville, in a despatch to Sir Arthur Kennedy, C.B., expresses his sense of the services rendered by the different functionaries during the epidemic, alluding more especially to Admiral Patey and Dr. Waters. We possess no knowledge whatever of the last-named officer, beyond that which we have obtained from individuals personally or otherwise acquainted with all the circumstances of the late outbreak; and we hope the War Office authorities will express their recognition of the value of his services.

## MEDICAL REFORM IN PARLIAMENT.

AMONGST the notices of motion for next session we observe the following:—

By Mr. Graves (Member for Liverpool): "To call attention to the constitution of the British Medical Council, established by the Medical Act of 1858; and to the necessity of legislation for conferring on the graduates and licentiates of the universities and medical corporations the power of electing their own representatives on that Council."

By Sir John Gray (Member for Kilkenny City): "Bill to amend the Act under which the Medical Council of Education and Registration is now constituted, by altering the mode of appointing the members, and by increasing the powers of the Council, with a view to securing a uniform system of granting licences to practise the medical and surgical profession."

## SIR JAMES SIMPSON.

ON Tuesday Sir James Y. Simpson was presented by the Town Council of Edinburgh with the freedom of the city, in the presence of a large assemblage. The Lord Provost and members of the Council wore their official robes. The honour was conferred upon Sir James to mark the Council's sense of the value of his numerous and varied contributions to medical science and literature, and particularly his discoveries in connexion with chloroform, acupressure, &c., discoveries which had served to maintain and extend the reputation of Edinburgh and its medical school. The Lord Provost, in presenting the Burgess ticket, passed a high eulogium upon Sir James, who in a speech of considerable length returned thanks for the honour conferred upon him.

## ST. VINCENT'S HOSPITAL, DUBLIN.

THE inaugural address to the students of the St. Vincent's Hospital was delivered on Monday last by Dr. Quinlan. Allusion was made to the death of the late Dr. O'Ferrall, who was, in fact, the medical founder of the hospital, and the chief medical adviser for many years; and his career was offered as an example worthy of imitation. Dr. Quinlan then gave a sketch of the rise of St. Vincent's Hospital, and the successive additions and improvements which had been made from time to time, the latest of which consisted of a mortuary chapel for the reception of the remains of deceased patients; and he closed his observations by an account of the work which is annually done by his colleagues and himself.

## ST. THOMAS'S HOSPITAL.

AT a meeting of the Board of Governors on the 22nd instant, a motion was adopted that Dr. Risdon Bennett should be presented with a green rod (elected as a governor) on his retirement from the medical staff of the hospital. The speeches on the occasion expressed a high appreciation of Dr. Risdon Bennett's past services.

THE Holborn Board of Guardians have resolved that the drugs required at the Holborn Workhouse shall be paid for by the guardians, and not, as heretofore, by the medical officer, thus assimilating the practice to that which obtains at St. Luke's and Clerkenwell.

THE last number of the *British and Foreign Medico-Chirurgical Review* is a better one than ordinary. Amongst the original communications, one by Dr. Ogston, "On some forms of Sudden Death, and Sudden Death in general," is well worth reading. The number also contains a short sketch of John Goodsir's character and works in connexion with his Anatomical Memoirs; an article on Death Certificates and the Registration of Disease; a review of *The Practitioner*, which cannot fail of being gratifying to the editor of that useful periodical; and several other reviews and notices of variable interest.

THE late terrible outbreak of cholera in India, we are very glad to hear, shows every indication of a speedy subsidence. The latest accounts were very favourable.

DR. GEORGE HARLEY, F.R.S., will, we understand, shortly resign the post of physician to University College Hospital, in consequence of the increasing demands made upon his time by private practice.

AMONG the few survivors of the battle of Trafalgar (1805) we notice the name of Deputy Inspector of Hospitals Peter Suther, who was surgeon of the *Swiftsure* in that glorious battle.

WE are glad to notice that at the recent annual dinner of the officers of the army at Simla to commemorate the Crimean campaign, when the Commander-in-Chief, Sir W. Mansfield, took the chair, the vice-chair was occupied by a distinguished member of the medical profession, Dr. Muir, to whom was allotted the task of proposing his Excellency's health.

THE Marylebone Vestry has rejected the appeal of Lord Portman and other owners of property in York-court, Paddington-street, against the presentment of the health officer of the district that such property was unfit for human habitation. The Vestry has ordered the demolition of the premises.

IT is stated by the *South London Press* that scarlet fever has assumed so serious an aspect in Bermondsey that the sanitary authorities have deemed it necessary to draw up a code of instructions in reference to the disease, for distribution throughout the parish.

THE governors of the Salisbury Infirmary have determined to proceed at once with the erection of a new south-west wing and other buildings, from plans by Mr. Matthew Wyatt.

AN address has been presented to Dr. T. R. Nevison, of St. Mark's House, Jersey, embodying a cordial vote of thanks for his skilful treatment and great attention to the sick, in his capacity of medical officer to the island branch of the Society of Foresters.

THE late Mr. John Saunders, of Burnham, has bequeathed the munificent sum of £2500 each to the Lock Hospital, the Royal Hospital for Incurables, and the Cancer Hospital. The residuary estate is to be distributed by the executors among such other hospitals, infirmaries, or similar institutions as they may think proper.

No less than five medical officers were advertised for in a Dublin newspaper about a week ago—namely: in the Ballymena Union, salary £80 per annum, exclusive of registration and vaccination fees; Caperciveen Union, salary £80; Coleraine Union, £110; Oldcastle Union, £80; the Stranolar Union, £100.

## THE POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE quarterly meeting of this Association was held at the Freemasons' Tavern on Wednesday evening, Dr. Rogers in the chair. There was a full attendance of metropolitan and some provincial members.

The quarterly report of the Council of the Association was read by Dr. Dudfield. Seven additional local secretaries have been appointed, making seventy in all, and nearly one hundred new members have been enrolled. Nearly all the members have paid the extra subscription which entitles them to the *Poor Law Chronicle* twice a month. The Council observe with pleasure that steps are being taken in various unions and parishes of the metropolis with the view to the establishment of dispensaries, and they hope that for the whole country one concession will be made—viz., the provision of medicines at the public cost.

Dr. ROGERS, in moving the adoption of the report, gave an admirable description of the Irish dispensary system, to the examination of which he had devoted himself during his autumnal holiday. He described these institutions as they exist in Dublin, in suburban and in rural districts. With the view of testing the economic value of the Medical Charities Act, he questioned every one likely to afford him information, and from all the same reply came—that it worked well, and has been of immense advantage to the poor. Dr. Rogers said that it was refreshing to hear the medical officers speak of the Irish Poor-law Commissioners as their best friends, who never failed to support them in any reasonable request, nor to assist them in any difficulty arising out of any niggardliness or oppression shown by any board of guardians. Astonishment was also expressed at the marked antagonism which Gwydyr House had, at all times, exhibited towards the medical service. Dr. Rogers explained this by replying, that the framers of the Poor Law Act (1834) had almost totally ignored sickness as an element in the production of pauperism; and although Chief Commissioners in the past, and Presidents more recently, had evinced from time to time an intelligent appreciation of this subject, yet the latter changed so frequently, that there was no opportunity for them to carry out any material reform; added to which, the hostility of some of the permanent officials to any and everything which gave them the least trouble, or was calculated to draw, in any way, public attention to their office, was so great that, to his certain knowledge, several Presidents had yielded to it. Dr. Rogers believed that the Irish dispensary medical officers owed the support they received to the character of the Commissioners, to the fact that a medical commissioner had equal power with the rest, and that several medical inspectors held a very high position, one having himself been a dispensary doctor. The President then proceeded to make an elaborate statistical comparison between the English and Irish systems of relief, with the object of proving the economic benefits springing from judicious liberality in treating the sickness of the working classes. The following were among the most remarkable examples. The South Dublin Union has a population of 201,963. The guardians employ 16 medical officers, and 4 apothecaries for the dispensaries, and 4 visiting physicians and 1 resident apothecary for the workhouse. The total cost of drugs and salaries of medical officers was £5130. The total expenditure for the relief of the poor was £40,994. Birmingham has a population of 212,000. The medical salaries and cost of drugs amount to £2016, and the total expenditure in poor relief, £80,675. In Belfast, with a population of 144,629, there are employed 14 medical officers, and 4 apothecaries, and the cost of medical relief is £3702 per annum, whilst the total expenditure for poor relief was £26,058. Bristol and Clifton Unions have a population of 160,000, with 12 medical officers. The cost of medical relief was £1239, and the total expenditure £65,462. The cost of the medicines alone in Belfast was nearly £200 more than the total amount paid to the medical officers of Bristol and Cliftonville, who have to find drugs, and a qualified assistant to dispense them. The contrast is even more strongly marked in the rural districts. In the union of Roscrea, with a population of 22,666, the medicines cost £137, and the medical relief £854, whilst the total poor relief is only £4240. But in Newport Pagnall Union, with a population of 24,855, the drugs are found by the medical officers; the medical relief is only £469, and the total poor relief no less than £13,755, or more than three times that of the Irish union above named. Dr. Rogers, in thus showing that the subject is one of interest, not only to the medical officer, but to the poor, and the people at large, wished to guard himself from being misunderstood. He did not charge on a starved, and therefore necessarily inefficient medical relief, the whole of that increase in our expenditure which the last few years has witnessed. But what he did assert was that the outlay would not have become so huge and unmanageable if the part which sickness plays in the production of pauperism had been properly regarded and fairly dealt with. The speaker concluded by urging the members to agitate the question from an economic point of view, so that pressure from behind may make ministers move in the required direction, and he moved the adoption of the report.

Dr. BENSON BAKER, of Marylebone, seconded the adoption of the report. His objection to the dispensary system was the expense which would be incurred for buildings, and he thought that the medical officers might be trusted to dispense the drugs, which should be provided by the guardians.

The Rev. J. F. KITTO said that the dispensary system was well carried out in Poplar, the extent of which made it necessary that two dispensaries should be erected, which increased the cost. Under the old system, the cost of quinine and cod-liver oil was £716 a year. The total cost of the new system was £678. The salaries of the medical officers remained unaltered.

Dr. EDMUNDS said that the St. Pancras guardians could not afford to set up dispensaries, as they had incurred so large an expense upon their infirmaries and schools.

Mr. CORNWALL, of Fairford, in Gloucestershire, said that the medical relief order was the first round of the ladder of pauperism. The facility of obtaining them was undermining the independence of the better class of labourers.

Mr. M'CULLAGH TORRENS, M.P., spoke as the representative of 30,000 ratepayers, and he believed nothing to lie nearer to their interest than the extension, completion, and perfection of the dispensary system. Even if it were nothing but a question of humanity or charity, we should be bound to introduce them; but on economic grounds he believed they could be fully justified. What was economy? Clearly neither drugs nor salaries, but the cure and prevention of disease. If, instead of 70 per cent., only 40 per cent. of pauperism is due to sickness, the importance of prompt medical treatment is proved. He believed that a mass of pauperism in London was caused by the difficulty of getting help within twenty-four hours. Mr. Goschen sneered at the Irish dispensary system, but he believed it afforded an enormous amount of relief at a preposterously small cost.

The meeting was also addressed by Dr. Welch, Mr. Jabez Hogg, and Dr. Stallard, who moved a vote of thanks to the officers, and the Chairman in particular, for their exertions during the past quarter.

## MR. SIMON ON RELAPSING FEVER.

As we fully expected, Mr. Simon has felt it his duty to investigate the circumstances of the outbreak of relapsing fever, which during the present month has assumed such extensive proportions as to threaten serious mischief to the poor population of London. A circular which he has just issued recapitulates the facts already stated in our columns as to the probable importation of the disease into this country on the present occasion, briefly sketches the natural history of the fever, and concludes with a series of practical hints for local authorities who may have to deal with the disease in the way of prevention. The latter are as follow:—

"For local authorities having to treat the disease, or to take precautions against it, the chief practical points to be borne in view are the following:—

"1. The greatest personal predisposition to relapsing fever is given by states of poverty and privation: so much so, that the disease is often known by the name of famine-fever. Where destitution has not existed, or has been adequately relieved, relapsing fever is not likely to be epidemic.

"2. Relapsing fever is in a very high degree communicable from sick to healthy. The more confined the atmosphere in which sick and healthy are together, the more certain is the disease to be communicated.

"3. An attack of relapsing fever is greatly less dangerous to life than an attack of typhus. But where relapsing fever has attacked, and when all its acute symptoms are past, the sufferers remain for a while extremely weak, requiring that food and restoratives should be liberally supplied them; in default of which the feebleness left by the disease may often be of indefinite duration. This is the more important, because, where relapsing fever becomes epidemic, typhus often accompanies or follows it; and persons whom the relapsing fever has weakened not unfrequently fall victims of typhus.

"4. Relapsing fever is eminently a disease which cannot safely be treated in the houses of the poor; for in them, crowded and ill-ventilated as they generally are, and with inmates often insufficiently nourished, there must be every likelihood that the infection will spread. It is essential that under such circumstances the sick should at once be removed from amid the healthy. Ample hospital accommodation is therefore an indispensable condition for limiting the extension of the disease.

"5. Of duties which have to be discharged by local authorities in the several parts of London in relation to the present subject-matter, some are duties of Poor-law relief, and others are duties of general sanitary administration; but, as the former are done under direction of the Poor-law Board, only the latter are here adverted to. At present (as in all times when epidemic disease is prevalent or threatening) it is particularly important that powers conferred by the Nuisances Removal and other general Sanitary Acts should be well exercised by those in whom they are vested. Very detailed district inspection is most necessary. Everything practicable should be done, especially in all poorer parts of each district, to promote cleanliness of and about dwellings. The washing and lime-whiting of uncleanly premises, especially of such as are densely occupied, should be pressed with all practicable despatch. It is essential that overcrowding should, as far as possible, be prevented, and proper ventilation be enforced; and in these respects common lodging-houses, and houses which are sublet in several small holdings, will require particular attention. Above all, the attention of nuisance authorities is invited to the powers conferred on them by various sections of the Sanitary Act, 1866, with reference to infectious disease; especially to the powers conferred for purposes of disinfection, and for the conveyance of sick persons, and for the separation of the sick from the healthy.

"6. The parts of London in which at present cases of relapsing fever are believed to be numerous are Whitechapel, Bethnal-green, and St. Giles's.

"7. It is essential for the local authorities of London to know that at the present time the London Fever Hospital is quite or nearly full, and that in the face of such requirements as the next fortnight will most probably develop, neither the London Fever Hospital nor any of the general hospitals of London will be able to give them any important assistance in relation to their cases of relapsing fever.

"JOHN SIMON.

"Medical Department of the Privy Council Office,
Oct. 23rd, 1869."

We are happy to add, that the very latest news received by us represents the epidemic as somewhat declining; and we learn that there is now not so much pressure on the accommodation of the Fever Hospital as is represented in the above document.

## AMENDMENT OF THE MEDICAL ACTS.

*To the Editor of* THE LANCET.

SIR,—I enclose copy of a letter which I addressed to her Majesty's Secretary of State for the Home Department, and his reply.

My object in asking for an interview at long date was to enable me to communicate with a number of those who signed the Memorial, and by whom I hope to be accompanied when I present it. I now beg that anyone desirous of forming part of the deputation will be good enough to communicate with me. On receipt of the secretary's appointment, I shall forward invitations for a meeting at the Medical Club, an hour before the time which may be fixed for attendance at the Home Office.

Bearing, as the Memorial does, the signatures of 9471 members of the medical profession from all parts of the United Kingdom, it is a document without parallel in our professional history; and one which cannot fail to have great weight in promoting the desired amendment of the Medical Acts.

Personally, I attach the utmost importance to the following clauses of the Memorial:—

"The undersigned are of opinion that the system of medical education should be revised, so as to ensure the possession of a thoroughly scientific and practical acquaintance with medicine and surgery on the part of persons applying for the legal qualification."

"To this end it is held to be necessary to substitute for the present system of examination, and for the many forms of licence to practise now granted, one high and uniform standard of examination, and one legal qualification."

The one-faculty system granted, all other desirable reforms must follow.

The reconstitution of the Medical Council is essential; but I trust there will be no split on the method of representation of the profession, by the direct or the indirect plan, as the rival schemes have been respectively designated. It is pretty evident that the Government intend to introduce a Bill to amend the Medical Acts next session; and, now that so large a majority are agreed on the general principles of the desired reform, I think the safest course is to wait the appearance of the Government measure, and dispassionately consider its provisions.

The task of eliciting the opinion of the whole profession has entailed an outlay, in printing and postage, of about £400. Towards this sum we have received £161 0s. 7d. from 1782 contributors. I beg that further donations, by cheque, post-office order, or stamps, be forwarded to the treasurer, Mr. Arthur Oakes, 9, Old-square, Birmingham.

I shall in any case deem it a very honourable duty to appear at the Home Office, with a deputation, to present the memorial entrusted to me; but I confess I should feel stronger in the responsible position if I had better evidence than I now possess on which to assure the Secretary of State that the majority of the profession are prepared to do something more than merely sign a memorial for the amendment of the Medical Acts.

Confident that those who have co-operated with me in this matter will not be allowed to be pecuniary losers by their labours in the general interest,

I am, Sir, your very humble servant,

BELL FLETCHER, *Chairman*,
Senior Physician of the General Hospital.

7, Waterloo-street, Birmingham, Oct. 25th, 1869.

7, Waterloo-street, Birmingham, Oct. 14th, 1869.

*To the Right Honourable H. A. Bruce, Her Majesty's Secretary of State for the Home Department.*

SIR,—I have the honour to inform you that I have been entrusted with a petition for presentation to you, signed by nine thousand four hundred and seventy-one (9471) registered medical practitioners throughout the United Kingdom, praying that her Majesty's Government may introduce a Bill into Parliament for the Amendment of the Medical Acts.

I shall feel greatly obliged by your naming a day in the ensuing month of November, when I may have the honour of waiting upon you with a deputation to present the memorial.

I am, Sir, your most obedient servant,

BELL FLETCHER, Chairman,
Senior Physician to the Birmingham General Hospital.

Whitehall, Oct. 19th, 1869.

SIR,—I am directed by Mr. Secretary Bruce to acknowledge the receipt of your letter of the 14th inst., requesting an interview for a deputation to present a memorial from certain registered medical practitioners, praying for the introduction into Parliament of a Bill to Amend the Medical Acts; and I am to inform you that Mr. Bruce is unable, at present, to fix a day to receive the deputation, but will do so in November, when due notice will be given to you.

I am, Sir, your obedient servant,

KNATCHBULL HUGESSEN.

Bell Fletcher, Esq., M.D., 7, Waterloo-street, Birmingham.

## SCARLET FEVER IN LONDON.

WE regret to observe that, instead of abating, the present epidemic of scarlet fever within the metropolitan limits exhibits a very decided tendency to increase. The deaths registered last week amounted to 233, and this was the fourth week in succession in which scarlet fever has killed over 200 persons. Nine hundred and eleven deaths in four weeks from this one disease is something hitherto never approached in London. The mortality in these four weeks has been equivalent to an annual death-ratio of 37 per 10,000 of the estimated population. The distribution of the disease is shown as below:—

| | Annual rate of mortality from scarlet fever in four weeks ending Oct. 23rd, 1869. |
|---|---|
| London ... ... ... ... ... | 37 per 10,000. |
| West Districts ... ... ... ... | 15 ,, |
| North Districts... ... ... ... | 21 ,, |
| Central Districts ... ... ... | 42 ,, |
| East Districts ... ... ... ... | 63 ,, |
| South Districts... ... ... ... | 39 ,, |

# Medical News.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on Oct. 21st:—

Collins, Edward Lorton, Canterbury.
Hiron, John Hickman, Studley, Warwickshire.
Rosser, Walter, Risca, Newport, Monmouthshire.
Smith, George, Newcastle-on-Tyne.

The following gentlemen also on the same day passed their first professional examination:—

Lang, J. A. T., London Hospital.
Osborn, Samuel, St. Thomas's Hospital.

UNIVERSITY OF CAMBRIDGE. — The Professor of Anatomy gives notice that the Microscopical Demonstrations will be given, as in former years, in the old Anatomical Museum on alternate Mondays, at 6 P.M., commencing on Monday next. Also that, with the aid of Mr. Garrod, of St. John's College, practical instruction in Minute Anatomy will be given in the Anatomical Schools every Saturday, at 12 o'clock, commencing this day.

MEDICAL BENEVOLENT FUND.—There was a large attendance at the Committee meeting held on Tuesday last, and a great many applications for relief, most of them being of the usual distressing character. The sum of £132 was disbursed in grants to seventeen cases, while others were held over for further inquiry. The death of one annuitant was reported, and an application made on behalf of the widow for the half-yearly payment of £10, which was nearly due at the time of her husband's decease. This was directed to be paid to her.

## THE BLACK-LIST OF THE PROFESSION.

THE following is the complete list of names and qualifications that have been erased from the Medical Register by order of the General Medical Council, or of a Branch Council, for the reasons assigned in each case:—

PROTHEROE, JOHN EDWARD.—Name erased on the 11th of April, 1859, by order of the Branch Council for England, the entry of it having been fraudulently obtained.

BURTON, JOHN.—Name erased from the Medical Register on the 13th of June, 1859, by order of the Branch Council for England, the entry of it having been fraudulently or incorrectly made.

BROATCH, JOHN.—Name erased, by order of the Branch Council for Scotland, on the 3rd of October, 1859, the entry of it on the Medical Register having been obtained by a false declaration.

ORGAN, RICHARD.—Name erased from the Medical Register on the 19th of June, 1860, by order of the General Council, for infamous conduct in a professional respect.

KEARNEY, JOHN.—Name erased, by order of the General Council, on the 1st of July, 1861, for infamous conduct in a professional respect.

GOURLEY, DANIEL DE LA CHEROIS.—Name erased, by order of the General Council, on the 1st of July, 1861, in consequence of his having been convicted of a misdemeanour.

JONES, DAVID GRIFFITHS.—Name erased from the Medical Register, by order of the Executive Committee, on the 2nd of February, 1863, in consequence of his having been convicted of a misdemeanour.

THOMAS, EVAN.—Name erased, by order of the Executive Committee, on the 1st of May, 1863, in consequence of his having been convicted of perjury.

WRIXON, ROBERT.—Name erased, by order of the Executive Committee, on the 1st of May, 1863, in consequence of his having been convicted of forgery.

JORDAN, ROBERT JACOB.—His qualification of Mem. R. Coll. Surg. Eng., 1859, erased, by order of the General Council, on the 20th of May, 1863, his name having been removed from the list of Members of the Royal College of Surgeons of England; and on the 4th of May, 1864, it was ordered "that the name and qualification, as Licentiate of the Royal College of Physicians of Edinburgh, of Mr. Robert Jacob Jordan, be removed from the Medical Register."

LA MERT, SAMUEL.—Name erased, by order of the General Council, on the 26th of May, 1863, for infamous conduct in a professional respect.

CUMMING, WILLIAM JOHN.—Name erased, by order of the Executive Committee, on the 6th of November, 1863, in consequence of his having been convicted of felony.

BARRETT, JOHN CARTER.—Name erased, by order of the General Council, on the 11th of April, 1865, in consequence of his having been convicted of felony.

ABERCROMBIE, ROBERT.—His qualification of Mem. R. Coll. Surg. Eng. erased, by order of the Executive Committee, on the 2nd of February, 1866, in consequence of his having been removed by the Council of that College from being a Member.

WHALLEY, THOMPSON.—Name erased, by order of the Executive Committee, on the 2nd of February, 1866, in consequence of his having been convicted of a misdemeanour.

PERMEWAN, JOHN.—Name erased, by order of the Executive Committee, on the 11th of May, 1866, in consequence of his having been convicted of felony.

PEARSON, HENRY.—Name erased, by order of the Executive Committee, on the 28th of May, 1867, in consequence of his having been convicted of felony.

FORMAN, JOHN.—Name erased, by order of the General Council, on the 30th of May, 1867, the entry of it having been fraudulently obtained.

LA MERT, LIMA ABRAHAM.—His qualification of Mem. R. Coll. Surg. Eng., 1859, erased, by order of the Executive Committee, on the 25th of February, 1868, his name having been removed from the list of Members of the Royal College of Surgeons of England.

MACDONALD, WILLIAM.—Name erased from the Medical Register on the 25th of June, 1868, by order of the General Council, for infamous conduct in a professional respect.

PATTISON, JOHN.—Name erased from the Medical Register on the 6th of July, 1869, by order of the General Council, for infamous conduct in a professional respect.

LA MERT, LIMA ABRAHAM.—His qualification of Lic. R. Coll. Phys. Edin., 1859, erased, by order of the General Council, on the 5th of July, 1869, his name having been removed from the list of the Royal College of Physicians of Edinburgh.

In connexion with this list, it may be mentioned that the General Medical Council has recommended that any person whose name has been once removed from the Register shall not be admitted to examination for any new qualification without the consent of the General Medical Council.

# Medical Appointments.

ALDRIDGE, R., M.D., has been appointed Surgeon for the Yeovil District of the Great Western and Bristol and Exeter Railways Provident Society, vice E. C. Garland, L.R.C.P.Ed., and F. J. Parsons, L.R.C.P.Ed., resigned.

BRUCE, W., M.D., of Crimond, has been appointed an Examiner in Medicine for one year in the University of Aberdeen.

DALBY, W. T., M.D., Justice of the Peace for the County of Surrey, has been appointed a Visitor of Private Houses for the reception of Lunatics.

DOUGAN, W., M.B., has been appointed Medical Officer and Public Vaccinator for the Kilmichael District of the Parish of Glassary, Argyllshire, vice H. Jackson, L.F.P. & S. Glas., deceased.

FENTEM, P. S., M.D., has been elected Medical Officer to the Loyal Devonshire Order of Odd Fellows, Bakewell, Derbyshire.

FRASER, A., M.D., has been appointed an Examiner in Medicine for one year in the University of Aberdeen.

HARRICKS, Mr. G. W., has been appointed Resident House-Surgeon to the South Salop and Bridgnorth Infirmary, vice P. J. Hart, L.R.C.P.Ed., resigned.

HARWOOD, Dr., has been elected Public Vaccinator for the Cleator District of the Whitehaven Union, Cumberland.

HOPKINS, H. C., M.R.C.S.E., has been appointed House-Surgeon to the Royal United Hospital, Bath, vice J. Tremearne, M.R.C.S.E., whose term of office has expired.

KERR, D., M.D., has been appointed an Examiner in Medicine for one year in the University of Aberdeen.

LOWNDES, F. W., M.R.C.S., L.M. Eng., has been appointed Honorary Assistant-Surgeon to the Liverpool Ladies' Charity and Lying-in Hospital.

MOORE, G., M.D., has been appointed Admiralty Surgeon and Agent for Hartlepool, vice T. E. Stamp, M.R.C.S.E., deceased.

MOORE, J., M.R.C.S.E., L.S.A.L., L.R.C.P.Ed., has been appointed Junior House-Surgeon to the Preston and County Lancaster Royal Infirmary.

MOORE, W., M.R.C.S.E., late House-Surgeon at the Westminster Hospital, has been appointed House-Surgeon and Secretary to the Kidderminster Infirmary, vice J. Rose, M.A., M.D., L.R.C.S.Ed., resigned.

PEDLER, G. H., L.S.A.L., has been appointed Clinical Clerk at the West Riding of Yorkshire Lunatic Asylum, Wakefield, vice J. B. Ward, M.B., appointed Assistant Medical Officer to the Warwick County Lunatic Asylum.

REITH, A., M.D., has been appointed a Medical Officer and Public Vaccinator for the City (or St. Nicholas) Parish of Aberdeen, vice J. Christie, M.D., deceased.

STERLE, Dr. A. B., has been appointed a Public Vaccinator for the Parish of Liverpool, vice S. H. Gamms, M.D., deceased.

STEWART, R. W., L.R.C.P.Ed., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Glasalough Dispensary District of the Monaghan Union, vice A. E. Douglas, M.D., resigned.

THORNE, J., L.R.C.P.Ed., has been appointed Honorary Medical Officer to the Jersey General Dispensary, vice Thomas Kitchener, M.D., resigned.

WARBURTON, J. W., M.R.C.S., has been appointed Honorary Assistant-Surgeon to the Liverpool Ladies' Charity and Lying-in Hospital.

WEDDELL, J. C., M.D., C.M., &c., has been appointed Senior House-Surgeon to the Preston and County Lancaster Royal Infirmary.

WEST, C. A., M.D., has been appointed Senior Surgeon to the East Cornwall Hospital, Bodmin, vice J. Ward, M.R.C.S.E., deceased.

WRIGHT, T. C., M.B., has been appointed House-Surgeon to the Dumfries and Galloway Royal Infirmary, vice A. D. Macdonald, M.D., resigned.

# Births, Marriages, and Deaths.

## BIRTHS.

ASHFORTH.—On the 23rd inst., at Market Overton, the wife of G. M. Ashforth, M.D., of a daughter.

AUSTIN.—On the 21st inst., at Lingfield, Surrey, the wife of Sydney C. Austin, Surgeon, of a daughter.

DANIEL.—On the 21st inst., at Epsom, the wife of W. Clement Daniel, M.D., of a son.

FOTHERBY.—On the 24th inst., at Trinity-square, Tower-hill, the wife of H. J. Fotherby, M.D., of twin sons.

GENTLES.—On the 16th inst., at Wellington House, Derby, the wife of T. L. Gentles, Surgeon, of a son.

HUTCHINGS.—On the 24th inst., at St. George's House, Canterbury, the wife of Henry E. Hutchings, Esq., of a son.

JENNER.—On the 25th inst., at Brook-street, Grosvenor-square, the wife of Sir William Jenner, Bart., M.D., of a son.

PEARSE.—On the 26th inst., at Canton, near Cardiff, the wife of Dr. Reginald T. Pearse, of a son.

SWETE.—On the 20th inst., at Dunmarklyn, Weston-super-Mare, the wife of Horace Swete, M.D., of a daughter.

WILLY.—On the 24th inst., Mrs. Willy, the wife of Ambrose Willy, M.R.C.S., of Hawley-square, Margate, of a son.

## MARRIAGES.

HITCHCOCK—TUCK.—On the 21st inst., at St. George's, Hanover-square, Henry Knight Hitchcock, M.R.C.S.E., L.S.A., of Market Lavington, Devizes, Wilts, to Sarah, only child of P. Tuck, Esq., of Bournemouth.

M'RAE—RANKIN.—On the 19th inst., at St. Dorstane's Church, Deer, Alex. Edward M'Rae, M.B., C.M., of Fettercairn, to Johanna Skinner, fourth daughter of the Rev. Arthur Rankin, M.A., Incumbent of St. Dorstane's, Deer.

MOORE—ROGERSON.—On the 16th inst., at Leeds, John Daniel Moore, M.D., of Lancaster, to Ann, daughter of the late Edward Rogerson, Esq.

## DEATHS.

BAKER.—On the 6th inst., at Kirby Old Parks, Thos. H. Baker, M.R.C.S.E., aged 48.

BOTTOMLEY.—On the 20th inst., at New North-road, Huddersfield, Thomas Abbey Bottomley, M.R.C.S., L.S.A., eldest son of the late Joseph Bottomley, of Huddersfield, aged 41. Friends will please accept this intimation.

CLARKE.—On the 13th ult., at Nassau, Bahamas, Thos. H. M. Clarke, M.B., Staff Assistant-Surgeon Army.

COOPER.—On the 18th inst., at Ashby, Norwich, Henry Cooper, Esq., late of the Bengal Medical Office.

DUNN.—On the 15th ult., at Lucknow, G. C. Dunn, L.R.C.P.L., Assistant-Surgeon 5th Lancers.

GRIFFITH.—On the 17th inst., Wm. Griffith, L.R.C.P.L., of Oswestry, aged 54.

LEECH.—On the 24th inst., John Leech, M.D., of South Portland-street, Glasgow, aged 65.

REYNOLDS.—On the 21st inst., at South Norwood, Thomas Reynolds, M.R.C.S., L.S.A., aged 37.

WILSON.—On the 19th inst., Hugh Wilson, M.D., of Auchinloigh, Ochiltree, Ayrshire.

# Medical Diary of the Week.

## Monday, Nov. 1.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Jabez Hogg, "On a Case of Ectropium following a severe Burn." — Mr. Henry Lee, "On severe and long-continued Pain relieved by the Removal of the whole of the Humerus."
ODONTOLOGICAL SOCIETY.—8 P.M. Mr. Mummery, "On the Evidences of Dental Caries among Ancient Races of Mankind and existing Savage Tribes."

## Tuesday, Nov. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. L. Owen Pike, "On the Methods of Anthropological Research."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

## Wednesday, Nov. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—8 P.M. Dr. Barnes, "On Hæmorrhage after Labour."—Dr. Hall Davis, "On Puerperal Convulsions."—Dr. J. H. Aveling: "A New Principle of Treatment in Prolapsus and Procidentia Uteri."—And other papers by Dr. Madge and Dr. Mendenhall.

## Thursday, Nov. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
HARVEIAN SOCIETY OF LONDON.—8 P.M. Dr. Menzies, "On Small-pox in connexion with Vaccination."

## Friday, Nov. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. For the Narration of Cases and Exhibition of Specimens.

## Saturday, Nov. 6.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.

# Notes, Short Comments, and Answers to Correspondents.

PROPHYLACTIC POWER OF BELLADONNA AGAINST SCARLET FEVER.

*D. C. L.* is a schoolmaster, and thinks his school has been protected six different times from scarlet fever by the use of belladonna. After the appearance of the first case, belladonna has been administered, and each time the disease has been limited to one case. The result may have been due to the prompt removal of cases from the school.

*Mr. Soelberg Wells's* third lecture is in type, and shall appear next week.

### STATE MEDICINE IN MASSACHUSETTS.

A BOARD OF HEALTH for the State of Massachusetts was last month inaugurated at Boston, under the presidency of Dr. Henry I. Bowditch, who, in an opening address to his colleagues, pointed out the general objects and duties involved in the Act establishing the Board. That our American friends have somewhat comprehensive views on the subject of State Medicine is evident from the fact that the Massachusetts Board of Health (which Dr. Bowditch says is the first of its kind established in any American State) is directed not only to take cognisance of "everything tending to public health," but also "to diffuse among the people a knowledge of the means of obtaining individual and public health, and of preventing disease." And further, "the effects of the use of intoxicating liquors upon the industry, prosperity, happiness, health, and lives of the people" are to form part of the investigations of the Board, which is empowered to suggest legislation upon any of these matters that may appear to need it. Sanitarians at home will read with possibly a little envy that the law gives Dr. Bowditch and his colleagues "the amplest powers for investigation," and places "funds at their disposal for any legitimate purpose." For the instruction of the people—an indispensability to thorough sanitation,—Dr. Bowditch proposes that the different members of the Board shall deliver lectures and hold meetings for discussion, upon various special subjects connected with public hygiene, in the several towns of the State; and the publication in a compact form (so as to admit of wide circulation) of the best information on health matters, forms part of the plan of action. Dr. Bowditch foreshadows the character of the Annual Reports which it will be the duty of the Board to present to the Legislature, and by so doing reminds us of the common defects of similar Reports on this side of the Atlantic. They are to be "models of brevity and compact learning," and they are to be "so thoroughly indexed that even the busiest man on 'change can in three minutes get at the essentials, and be prepared to study the details of any part or parts he may wish further to examine." We trust that Dr. Bowditch will see that copies of these model official documents are sent to our public departments in this country for instruction and reproof; a good index (any index at all worth the name, in fact) being as yet beyond the conception of the writers of official Reports with us. We shall certainly hope to be favoured with them ourselves.

*Dr. Thoroughgood.*—The paper shall be inserted provided it be a short one.

### SCARLET FEVER.

*To the Editor of* THE LANCET.

SIR,—The question of the cause that has favoured the recent prevalence of scarlet fever having been raised in your journal, may I be permitted to make a few observations on the subject, and to suggest that the epidemic has probably owed its continuance to the calmness of the atmosphere for several successive weeks. The scarlet fever virus appears to accumulate most when undisturbed. Hence in the autumn months, when the weather is settled, and in low-lying districts, where it is sheltered from currents of air, the influence of its poison is most extensively observed; and as during the months of August and September last, with the exception of a gale of brief duration in the latter month, there has been scarcely any motion in the air, the increase of the poison when once generated has met with no check. The reason why scarlet fever should need, more than other infectious diseases, high winds for the dispersion and removal of its virus may, I think, be suggested by considering two points—the association of the scarlatina virus with the perspiration, sensible and insensible; and the dense, immobile quality of the latter.

In proof of the first point, I believe it will be sufficient to notice that as the skin affection of the disease makes its first appearance in the papillæ, the sweat-glands, whose ducts lie between them, must soon share in the inflammation, causing thus the acrid heat and dryness of the surface, the intensity of the eruption in those parts of the body most supplied with perspiratory glands, and the secondary affection of the kidneys; and as the disease subsides, the same glands, being in most extensive contact with the poison, must be direct and very important agents in its elimination by means of their excretions.

The second point may be inferred from several reasons. The oily nature of perspiration; its speedy conversion from insensible to sensible by any increased determination of blood to the skin; the manner in which its exhalation lingers in the immediate vicinity of persons or clothes whence it emanates; and, in the case of perspiration from a patient suffering under scarlet fever, the length of time during which articles that have imbibed it retain the infection,—all tend to show that this excretion is of a heavy quality, and that therefore any poison associated with it would require continued strong winds to drive it away.

In thus attributing the epidemic of scarlet fever to the want of winds sufficiently powerful to disperse its poisonous products, I do not lose sight of the influence of expired air, or of the urinary or alvine excretions; but they do not appear sufficient to account for the increased prevalence of the disease.

Were but a slight supervision exercised over the children attending National and British Schools, the spread of contagion in this and other cases would receive a very salutary check.—Yours obediently,

Louth, October 26th, 1869. THOS. WEMYSS BOGG, M.R.C.S.

*Testerdon.*—The case is a very bad one; but it is difficult to point out a remedy. It would be proper to refuse a certificate of death and demand a coroner's inquest in such a case as that related.

*Vindicator.*—Yes.

### HAIR-DYES.

*To the Editor of* THE LANCET.

SIR,—Will you allow me, through the medium of your journal, to caution my brother professionals as to the use of hair-dyes, as but a few weeks since a patient was horrified by finding a great part of his beard and whiskers in his wash-basin after the use of a much-advertised dye once only, the hair being perfectly rotted. Yours obediently,

October, 1869. AN OLD SUBSCRIBER.

### THE SCARBOROUGH LADIES' CONVALESCENT HOME.

Just before going to press we received a lengthy and important communication on this subject. It is too late to find room for its insertion this week; but it shall receive the consideration it merits.

*X. Y.*—Certainly, it is not only possible, but common. The practice is one of the factors in the causation of insanity.

### EXAMINATION TEST OF THE UNIVERSITY OF ERLANGEN, ETC.

*To the Editor of* THE LANCET.

SIR,—Among the "Short Comments and Answers to Correspondents" in your last issue," I notice that, in reply to Dr. Hitchman, you would "be glad of the latest information as to the terms upon which the M.D. of Erlangen is granted, and the nature of the examination." As I have only recently passed through the ordeal of that University, I think I can supply you and your readers with the information required.

On my return from India last April, I wrote to the Dean of the above-mentioned University with reference to the conditions upon which Englishmen would be admitted to examination, and received the following reply, from which I am now quoting:—

"The Medical Faculty of our University grant the degree M.D. to medical gentlemen already qualified under the following conditions:—

"1st. Reference of general education and complete medical studies.

"2nd. Written and oral examination in Anatomy, Physiology, Pathology, and the Principles and Practice of Medicine, Surgery, and Midwifery, for which personal attendance is indispensable.

"3rd. Exhibition of a dissertation on some medical subject.

"4th. The fees amount to £20 sterling."

Seeing from this that the examination was a sensible-like and practical one, I made my appearance there towards the end of May, and was admitted to examination on producing my diplomas and testimonials. It was conducted in a similar manner to examinations in this country, with the exception that I was not limited to time for my written examination.

The questions were practical on each of the subjects; but I considered those in Anatomy and Surgery ridiculously extensive; as in the former subject I had to give a complete anatomical description of the heart and lungs; and in the latter, the symptoms, pathology, and treatment of all the fractures and dislocations of the lower extremities.

The oral examination, which extended considerably over an hour, was conducted at six P.M. of the evening on which my last papers were given in, and was very minute and searching in all the subjects, but was especially so in Physiology, Pathology (General Pathology and Morbid Anatomy), and the Practice of Medicine.

The ceremony of conferring the degree was pronounced in Latin immediately after the examination, on the completion of which I received the congratulations of the Professors, who throughout, in their general bearing, showed that they were highly educated and scientific men.

The above is what I experienced, and I have had no reason to suppose that any stranger would be treated differently; and all I can further say is that, in my opinion, it was a very good and practical examination, and one which, I am sure, no ignorant candidate could possibly pull through.

While on this subject, will you permit me to observe that immediately under the remarks which have drawn my attention to this subject, I also noticed some suggestions by "An Old Correspondent" (who appears to be a liberal of the highest order) with reference to the College of Physicians, foreign degrees, &c. I am sorry that I have not space in this communication to exhibit the hollowness of his theory further than to state that there can be no doubt the greater difficulty a man finds in procuring a degree, and the narrower his intellect, the higher he prizes that which he obtains after a great struggle; and I regret to see this species of mental weakness displayed from time to time in the pages of THE LANCET by members of the profession respecting medical titles. To a man of thought, such silly productions in favour of certain titles, to the exclusion of others, only show the narrow-mindedness of their advocates. But I fear that not until our present rotten system of early training is entirely changed, by substituting the natural sciences for a heterogeneous and complex mode of tuition, and preceding all religious instruction by an early acquisition of a knowledge of the structure of the earth's crust, can we hope for a generation of men whose mental training will at once show them capable of liberal and enlightened ideas, and not, like "An Old Correspondent," who would be a conservative in the extreme on the one hand, and would have men to seek qualifications under the cloak of degrees previously obtained on the other. How our present system of obtaining the highest honours, by passing half a dozen examinations instead of one, in subjects which *must* be crammed by two-thirds of the candidates, not a few of whom have neither the talent nor the inclination for such studies, is managed, I shall endeavour to show from the remarks of "An Old Correspondent," who, to do him justice, is sufficiently patriotic to speak for the educational institutions of his own country. What does the venerable correspondent mean by the "unpleasantness of facing examinations after years of practice"? Does he mean to insinuate that a M.D. would be likely to be spun for the Fellowship of the Royal College of Physicians after having been some years in practice? If so, how much better is he than the man who never took a degree? And would it be honest on the part of the College authorities to grant the Fellowship to a M.D. of this stamp, who had forgotten all he ever learned, simply because he had been ten years in practice? And again, what is the use of any qualification, however high, if the "risk" is "so great that many men, and good ones too, dare not encounter" subsequent examinations of an inferior standard? It probably did not strike "An Old Correspondent," in his anxious endeavour to strike a fatal blow at the holders of foreign diplomas, which must necessarily have been purchased, that subjects like the one he has chosen are capable of being argued to a great extent, and that there are *pros* and *cons.* on either side which ought to be well weighed before arriving at such slashing conclusions. I can assure "An Old Correspondent" and others that Continental Universities do not now-a-days sell their degrees, whatever they may have done in olden times, and that, instead of prohibiting Englishmen from graduating on the Continent, the mutual recognition of scientific attainments of this nature ought to be encouraged by every possible means, as well for the purpose of improving our political relations with other countries as for strengthening the bonds of fellowship and brotherhood, which ought to exist between all civilised nations.

Your obedient servant,

October, 1869. ABDERACHE.

*** We thank our correspondent for his information. We should like to know the number of candidates, and the proportion rejected. The mere enumeration of subjects conveys little idea of the value of the examination.

### SOUTH SHIELDS AND WESTOE DISPENSARY.

WE find it somewhat difficult to understand the merits of the case of operation on the tongue as between the house-surgeon and those gentlemen who have signed a letter of remonstrance. Generally speaking, it is certainly not the function of the house-surgeons of dispensaries to perform serious operations while superiors of the staff stand by. On the other hand, these superior officers seem, according to one account, to have sanctioned the operation by their presence. Two other things are to be said in defence of the house-surgeon—first, that as a legally qualified surgeon he had full legal right to undertake the operation; and secondly, that he undertook it at the distinct request of the patient and his family. Another account we have received leads us to suppose that the patient was under Dr. Denham's care, and that he went to the operation expecting to have to perform it himself; but that while he was preparing to do so, the house-surgeon took the operation out of his hands. This is certainly no remarkable a version as to be almost incredible. If it is correct, of course no censure can be too severe for the house-surgeon.

*Operator.*—We would recommend our correspondent to apply to the resident medical officer, *Dreadnought* Hospital Ship, off Deptford.

### THE LATE EPIDEMIC AT THE GAMBIA.

*To the Editor of* THE LANCET.

SIR,—On receiving THE LANCET of September 18th, I must confess that I was astonished on reading the article on "The late Epidemic at the Gambia." You state that you have before you a letter, signed by four witnesses of position and veracity, giving details of some revolting scenes in the Cholera Cemetery.

The interests of truth and justice compel me to state that the letter received by you is almost wholly devoid of truth from beginning to end, and I cannot understand how men of "position and veracity" could attach their names to such a document. It is not true that feet, legs, and arms were protruding from the graves. It is not true that the stench was horrible; there was no stench. It is equally untrue that the officer commanding the troops, on handing over the command of the station, published a brigade or other order with reference to the services of the medical department.

Such false statements as are contained in the letter referred to, when published under the authority of THE LANCET, are calculated to do much mischief. It appears to me that the persons who could be guilty of making statements so false and injurious through so influential and widely circulated a medium as your journal, are, at least, deserving of having their names brought before the public with censure in its columns.

I visited the cholera burial-ground frequently during the epidemic and after its cessation, and am of opinion that every precaution possible was taken, in the interment of the dead, to preserve the public health. Lime was plentifully used, and after the epidemic the whole surface was covered with a mixture of lime and sand, and afterwards a thick coating of lime and sand was again spread over all. Lime to the amount of 800 bushels was used for this purpose. The surface, when I saw it in August last, was firm, dense, and overgrown with grass. Arrangements have been made to prevent any disturbance of the soil.

I am, Sir, your obedient servant,

ROBERT WATERS, M.D.,
Staff Assistant-Surgeon and Senior Medical Officer.

Bathurst, Gambia, Oct. 12th, 1869.

*** We have received another communication to the same effect as the above. The facts, as far as we are concerned, are very simple, and they are these:—A medical man called personally upon us, and not only related, but wrote down the circumstances. He left a document for our inspection corroborative of his statements, and this purported to be signed by four persons, who represented that they were eye-witnesses of the facts therein narrated. The document was subsequently called for and returned. We have the name of the gentleman in question, but his address is not at present in our possession. We will endeavour to obtain it; and as he probably reads THE LANCET, we trust he will lose no time in forwarding it.

### THE EAR: MR. SMITH.

MR. SMITH seems to have two great difficulties—that of becoming known, and that of remaining for any length of time in one place. In the town of Newcastle a letter appears in the advertising columns of a newspaper, suggesting that he is in the neighbourhood, and that it would be a great advantage to sufferers if he could be induced to stay. He replies the next day, not *ostensibly* in the advertising columns, that he has undertaken so many private operations that his time is fully occupied, and that he cannot say for a few days whether or not he will be able to undertake more cases. There is a strange mixture of privacy and publicity in all this, and, without any pretensions to being prophets, we may predict that Mr. Smith will ere long move off from Newcastle to appear in the advertising columns of some other local paper, and declining to stay long in any one place.

*A First-year's Man.*—1861.

*Mr. James Ellis.*—Mere statements are valueless.

### MR. LISTER'S ANTISEPTIC TREATMENT.

*To the Editor of* THE LANCET.

SIR,—Allow me to endorse what has been said in your last number by "A Student" (Glasgow), relative to Mr. Lister's treatment. Last August I had the privilege of meeting him in his wards, when I came to the following conviction: That the aspect of the patients; the appearance of the sores and wounds; the fresh, healthy atmosphere of the wards; the absence of any smell; the quiet, impressive, unobtrusive, almost retiring manner of the Professor; his labour and painstaking in explaining, first, his theory, and afterwards his mode of application, and progress through every step, and their results,—can only be understood or appreciated by a walk round that splendid institution with him through his wards, and also through those wards which are not under his care, and where the treatment is not so accurately or not at all carried out.

Yours truly,

Dublin, October 21st, 1869. PRACTITIONER.

### SMALL-POX CONVALESCENT HOME AT RICHMOND.

THE vestry of Richmond appears to have been startled out of its ordinary serenity by receiving intelligence that the large building at the foot of Richmond Hill (on the Petersham road), known as the Richmond Hill Hotel, was about to be disposed of to the Governors of the Small-pox Hospital, who desired to have it as a Convalescent Home for their patients. Whereupon the vestry at once appointed a Committee for the purpose of opposing the project; and this having come to the knowledge of the owner of the property, he has addressed a letter to the Vestry Clerk, very fairly pointing out that while it is far from his desire that the building should become by its use obnoxious to the neighbourhood in which it stands, yet he is naturally anxious to find a market, hitherto vainly sought, for what is at present lying idle on his hands. There is probably little to fear in the way of contagion from such an hospital; but the idea of it is not pleasant in connexion with Richmond. It should be erected in a rural situation.

### HOSPITAL MEDICAL RELIEF.

*To the Editor of* THE LANCET.

SIR,—The question which Mr. William Rendle alluded to in his letter in your impression of the 16th instant is, no doubt, one of great importance. That, on the one hand, a large number of patients should receive medical relief who do either not require it or who are well able to pay for it, and, on the other hand, that the number of patients relieved makes it impossible to enter fully into the merits of their cases, proves unquestionably that the present system is vicious in the extreme. But I cannot but think that the remedy which that gentleman proposes is perfectly inapplicable. Suppose that a large number of students could be found willing to visit the patients once a week at their own homes, it might be questionable whether they could not employ their time more profitably. Yet if this were possible at Guy's or Bartholomew's, where are the house-to-house visitors to be found willing and able to do duty for the numerous dispensaries and hospitals in this metropolis? Moreover, out-patients are, or ought to be, such as only require attendance once a week; and if they ought to be seen more frequently, no surgeon has the right to undertake their treatment. To my mind the whole system of charitable medical relief is an anomaly. All promiscuous charitable giving has long been proved to be unpractical, leading to abuse and disorder, and medical charity is no exception to this experience. Either a patient is able to pay for his advice or not. If he is, he ought not to live on charity, as it tends to demoralise him. If he is not, he ought to be relieved; not in a disorderly, but in a systematical manner, under good supervision and attentive care. Highly as we must honour those charitable men who instituted and endowed great hospitals, we cannot say that the *manner* in which their charity was bestowed was wise.

As our hospitals are now, they perpetuate two great evils—namely, private money does what public money ought to do, and would do much more effectually; and secondly, a large amount of experience is kept back from practitioners, who would only be too glad to profit from it but for "the hospital." In fact, hospitals make us lazy, easy-going practitioners; they extinguish in many cases the sparks of latent surgical or medical genius for want of experience.

If the funds of our charitable institutions were by Act of Parliament placed under the care of able and discriminating Commissioners, who also superintended parochial relief, the whole would be remedied. No fine ladies with silk dresses would crowd our out-patients' rooms; no serious cases would be overlooked. I am afraid, Mr. Editor, that such a proceeding, which would raise our profession and regulate our expenditure, is as yet *too radical* to commend itself to general approval. Would it not be worth our while carefully to investigate how such a system works? In New York it has been carried out for years with perfect success.

I am, Sir, yours, &c.,

Guy's Hospital, October 16th, 1869. ROBERT EASTON.

WE have not heard that the Medical Council has as yet admitted to registration the members of the Imperial Academy of Surgery of St. Petersburg; but a Mrs. Bunting advertises herself in the Sheffield newspapers as the possessor of this membership, with the additional statement that her terms are "moderate." We trust her competition may not seriously injure our brethren in the locality.

*Mr. Thomas Worth.*—It is useless to continue the discussion.

### A QUESTION FOR CLUB SURGEONS.

*To the Editor of* THE LANCET.

SIR,—I shall feel much indebted to any of your correspondents who will furnish me with references to any legal decisions given in cases similar in character to the following:—

An action in the County Court is brought against the surgeon to a Club for non-attendance, by a member who resides more than *four* miles from the Club-house by the nearest highway road. The contract requires the surgeon to attend all members residing within *four* miles. It has always been understood the distance should be measured by the nearest highway. The plaintiff's solicitor argues that the distance should be measured as the *crow flies*.

I remain, Sir, your obedient servant,

Ampthill, Beds, October 27th, 1869. ARTHUR EVERSHED.

MR. G. T. STAFF, M.R.C.S., of Wadebridge, Cornwall, has written a letter to the *Western Morning News*, calling attention to the great prevalence of typhoid fever in that neighbourhood. There appears to be an utter absence of any sanitary regulations or works, and Mr. Staff says that "all the secretions, including those from persons suffering from this fever, are thrown in front of the houses."

### STATE OF THE PUPILS DURING SLEEP.

*To the Editor of* THE LANCET.

SIR,—Mr. R. W. Ellis will find in Dr. Daly's translation of Müller's Elements of Physiology, vol. ii., p. 1415, that "the iris is contracted in a person asleep, and the pupil consequently narrowed; but on his awakening the pupil always dilates, becoming first, indeed, very wide, and then undulating, until it acquires the mean size which it has in the waking state."

I am, Sir, your obedient servant,

Liverpool-road, October 23rd, 1869. NEWTON B. C. LEE.

### A POINT OF SANITARY LAW.

MR. H. B. POLAND, the barrister, has given it as his opinion, that although there is no express enactment authorising the pulling down of houses merely on account of the narrowness of the street or court in which they are situated, yet in such a case as that submitted to him by the vestry of Clerkenwell in reference to a block of buildings forming alleys so narrow as hardly to admit of the passage of two persons abreast, and which had been reported by the medical officer as dangerous to health and unfit for human habitation, the vestry is fully warranted in ordering the whole, or any such number as may be necessary, of the houses so circumstanced to be demolished. In conformity with this opinion, the vestry at once directed the demolition to be proceeded with.

IT is only right that, as we lately gave publicity to an alleged case of explosion of one of "Price's Patent Child's Night Lights," we should state now that the Manager of Price's Company has written to the *Essex Standard*, declaring that not one particle of explosive material is ever permitted to enter the manufactory, and that "no night light ever made by us ever has exploded, or ever could by possibility explode."

*A Welsh Assistant.*—It would give too much importance to the individual to notice him here.

*Dr. Hitchman* is thanked for his information, though much more would be necessary to judge of the value of the examination.

### THE ROYAL SOUTH HANTS INFIRMARY.

*To the Editor of* THE LANCET.

SIR,—My attention has been called to your notice of the recent infirmary appointments at Southampton. The *Southampton Times* is welcome to hold what opinions and make what misstatements it pleases; but as you have given them the weight of circulation in your journal, I beg to inform you it is entirely untrue that a comparatively young practitioner has been made senior surgeon. There is no such office as that of senior surgeon at this infirmary. There are three surgeons, and, of course, one of them has been so longer than the other two, and in that light is senior, but in no other. A vacancy having occurred among the surgeons, a gentleman who has acted as assistant-surgeon for some time was elected without opposition to the vacancy, and has become the junior of the three full surgeons. The vacancy caused by his promotion was contested by three gentlemen, and it so happened that the successful candidate was the junior of the three as regards residence in the town; but as a Bachelor of Medicine of the University of London, who had held the appointment of house-surgeon to the London Hospital, and who for some years has been a partner in one of the largest and best practices in Southampton and its neighbourhood, he was certainly quite able to hold his own as regards merits for the post. That the appointment was virtually filled before any notice of the vacancy was given is not only untrue, but manifestly so upon the face of things, seeing that the successful candidate, even after a hard-fought contest, failed to secure an absolute majority of votes on the first occasion, the two other candidates securing between them a large majority over him; and it was only on a second scrutiny that (the lowest candidate being left out) he was finally elected.

That the recent appointment may not have given satisfaction to the defeated candidates or their friends is, doubtless, true; but it is utterly untrue that the election was not fairly and honourably contested, or that it has failed to give perfect satisfaction to the majority of the Governors and the public.

Your obedient servant,
October, 1869. A MEDICAL GOVERNOR.

P.S.—I enclose my card.

*Enquirer* puts the following questions:—"A country Board of Guardians, through its clerk, having disputed the insertion of old people suffering from imbecility into the quarterly return of lunatics visited by the medical officer, I wish to ask—1st. Whether such an objection has been made before? 2ndly. Whether 15 is a large number of 'lunatics' of all kinds in a population of 6000?"

*Mr. R. H. S. Hunter.*—It is very doubtful whether a verdict could be obtained, though by such a description of himself the person in question would imply that he was a registered practitioner.

*Q in the Corner.*—No.

*Erni.*—It is a sufficient *surgical* qualification; but a qualification in medicine would be required.

*A. B.*—The report appeared at the time.

*Dr. Palfrey* writes to say that he has been unable to complete his reply to Mr. Firth's letter, which appeared in our journal last week. We venture to express a hope that our correspondent will recollect that our space is precious.

### THE ARECA NUT IN TAPEWORM.

*To the Editor of* THE LANCET.

SIR,—In reply to a query of a correspondent in your last impression, allow me to say that I first drew the attention of the profession to the use of the areca nut (Areca catechu—the betel nut) in tapeworm eight years ago. I have used it largely since, having notes of more than 100 cases, in very few of which I have found it fail, and I can boast of having shown the pupils at the infirmary more *heads* than have been produced by any other mode of treatment. The directions I give are—abstinence the previous evening; a couple of strong purgative pills at bed-time; four to five drachms of the genuine powdered areca nut in a cup of warm milk at six A.M.; half an ounce or more of castor oil at eight; a sloppy breakfast; and the worm makes its appearance about ten or eleven o'clock. It comes away alive, and this is the only disadvantage, for the patient must quietly sit it out till all has crawled away. The first bulk of the body of the worm will come in a lump usually.

I may also mention that I have, with only one or two exceptions in the whole number of cases, corroborated my former observation, that in every case of tapeworm meat in some form or other, actually raw, has been eaten. It sometimes needs sharp cross-questioning; but it is often acknowledged as a favourite habit.

Your obedient servant,
JOHN BARCLAY, M.D., F.R.C.P.
Leicester Infirmary, October 27th, 1869.

*Dr. von Tröltsch* will find, on referring to THE LANCET for August 7th last, p. 223, our acknowledgment of having received his letter, and the reasons assigned for not inserting it. In the preceding number we published a lengthy communication from Dr. Knapp, of New York on the subject referred to, and annexed our comments thereon. As Dr. von Tröltsch has evidently not had his attention drawn to them, we beg to repeat our remarks addressed to him, "that there certainly exists no disposition here to *underrate* the services rendered to aural science by German observers, and Dr. von Tröltsch's own labours have been amply recognised." Although we then refrained from inserting a self-laudatory letter, intended as a criticism on the review which appeared in our columns, we can, nevertheless, most unreservedly testify to the great value of Dr. von Tröltsch's contribution to aural surgery and acoustic science; and if a thoroughly reliable and faithful English translation of his "Lectures on the Diseases of the Ear" were published in a moderately condensed form, and at a reasonable price, we should hail its appearance with genuine satisfaction, and cordially recommend it to our students and practitioners. We now take leave of this subject.

AT the luncheon of the Social Science Association on board H.M.S. *Formidable* at Bristol, a scientific man was asked what was his favourite wine. In reply, he declared in favour of champagne, on the ground that it tended to assist him in his *β siological* observations.

*Medicus.*—Our correspondent will perceive that we have already noticed the subject of his communication.

### COMMUNICABILITY OF FOOT AND MOUTH DISEASE TO MAN.

*To the Editor of* THE LANCET.

SIR,—I was sent for one day last week to see a farmer, who has had a large amount of foot and mouth disease among his cattle, and has himself constantly administered remedies to them, and in drenching them has had to hold their tongues. I found him suffering from an eruption on the hands, having the appearance of small blisters similar to those caused by rowing or other hard work; his tongue was swollen, and there were three slightly raised white patches on it, about the size of a small horsebean, surrounded by a narrow margin of red; on the roof of the mouth there was a similar patch. He complained of lowness of spirits, and described himself as feeling altogether out of sorts; he also said that his feet felt tender and sore.

I think this is a case of foot and mouth disease, produced by his hands coming in contact with the tongues of the animals.

The treatment I adopted was, firstly, an aperient, and then a mixture containing chlorate of potash and tincture of chinchona. Under this treatment he has very much improved; the eruption on the hands is dying away, and the mouth and tongue are nearly well.

If any of your readers have met with a similar case, I should be glad to know their opinion, and also the treatment pursued by them.

Yours obediently,
Pembury, Kent, October 21st, 1869. C. GARGORY, M.R.C.S. Eng.

*Dr. J. Stewart.*—Medical certificates of illness have no legal force in courts of law. The Judge may entirely disregard them in the use of his own judgment. Some humbling instances have occurred lately, in which the Judge has made very light of medical certificates.

*Non-Medicus.*—Both forms are employed; but the etymology of the word indicates the propriety of the use of the "h."

*A Student*, (Truro Hospital.)—The Treasurer is the person who should be applied to for the information.

COMMUNICATIONS, LETTERS, &c., have been received from—Dr. John Harley; Dr. Thorowgood; Mr. Marshall; Dr. Donkin; Dr. Mapother; Dr. Wilson; Mr. Solomon; Dr. Lewins, Brighton; Dr. Ward; Mr. Gargory, Pembury; Mr. Howard; Mr. Fisher; Dr. Stewart; Mr. Ryley; Dr. Burnie, Bradford; Dr. Balbirnie, Sheffield; Dr. Weddell, Preston; Mr. Gray; Mr. Phillips; Mr. Raven, Lanark; Mr. Ellis, Malvern; Mr. Morland; Mr. Moxon; Dr. Brown, Colchester; Mr. Hanley, Dartford; Mr. Gentles, Deal; Dr. Dale, Plymouth; Mr. Starr, Fordingbridge; Mr. Rich, Stamford; Mr. Whalley; Dr. White; Mr. Hall; Dr. Thompson, Woore; Mr. Birt; Dr. Finlay; Mr. Smith; Dr. Ashforth, Oakham; Mr. Swann, Paris; Dr. Gutteridge, Maldon; Mr. Tomlin; Dr. Hitchman, Liverpool; Dr. Lee; Mr. White; Dr. Remy; Mr. James; Dr. Spencer; Mr. Kemp; Mr. Power; Mr. W. P. Sullivan, Dublin; Dr. Burden, Clifton; Dr. Arnison, Yoxall; Dr. Shettle, Reading; Dr. Foss; Mr. R. Marne; Dr. Felce; Mr. Horner; Mr. W. Hamilton; Mr. Atfield, Bruton; Mr. B. Wharton, Callender; Mr. Somers; Mr. Hitchcock; Mr. G. Bell; Mr. Long, Wells; Mr. Higgs; Mr. Ellis; Mr. Maunder; Mr. Poole; Mr. Travers, Exminster; Mr. Crew; Mr. H. E. Hutchings, Canterbury; Dr. Wright, Dumfries; Dr. Barclay, Leicester; Dr. Evershed, Ampthill; Mr. T. Worth; Dr. McGrigor; Mr. F. W. Lowndes, Liverpool; Dr. Broughton, Bradford; Dr. Fotherby; Dr. Palfrey; Mr. Wilson, Price's Patent Candle Company; Dr. Fox, Scarborough; Mr. Hefferman, Coxhoe; Mr. Arthur; Dr. Meadows; Dr. Crombie, Aberdeen; Dr. Pearse, Cardiff; Dr. Furley, Town Malling; Dr. Curran, Mansfield; Dr. Stewart; Dr. Diver, Sutton-in-Ashfield; Dr. Moore; Mr. Hyde, Secunderabad; Dr. Wilson, Dorking; Mr. King; Dr. Godfrey, Enfield; Dr. Greene; Dr. Horne, Scarborough; Mr. James; Mr. Woolcombe, Devonport; Mr. Clarke; Mr. Denis Phelan, Dalkey; Mr. Bogg, Louth; Messrs. Mayer and Meltzer; Mr. Graham; Mr. Dayal; Mr. J. W. Warburton, Liverpool; Mr. W. Green, Keighley; Mr. Watkins; Dr. Kavanagh; Mr. Hammond; Mr. Gurney; Dr. Thorne, St. Helier's; Dr. Heaton; Erin; Vindicator; Medicus; A Welsh Assistant; Barwig; Operator; Non Medicus; Enquirer; T. H.; The Anthropological Society; A Subscriber; A Plain Dealer; An Old Subscriber; T. J. R.; Alpha; A. B. B., L.R.C.P.; X. K.; F.M.P.; G. W.; M.R.C.S.E., Jamaica; W. R.; M.R.C.S.E.; Adolescens; Omega; G. A.; J. V.; &c. &c.